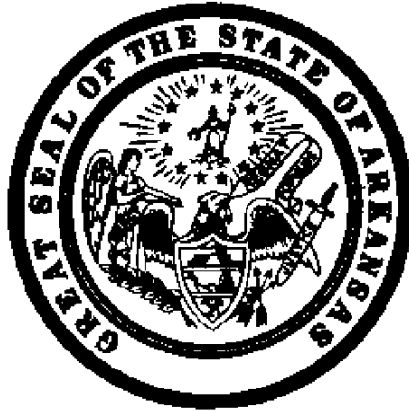


**DIVISION OF CHILDREN AND FAMILY SERVICES**

**DEPARTMENT OF HUMAN SERVICES**



**CHILD AND FAMILY SERVICE REVIEW**

**STATEWIDE ASSESSMENT**

**MAY 2001**

## **Statewide Assessment Instrument**

### **Section I – General Information**

**Name of State Agency**

**Department of Human Services**

**Division of Children and Family Services**

**Period Under Review**

**Federal Fiscal Year for Onsite Review Sample: April 1, 2000 – September 30, 2000**

**Period of AFCARS Data: October 1, 1998 – September 30, 1999**

**Period for NCANDS Data: January 1, 1999 – December 31, 1999**

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### **Department of Human Services**

The Arkansas Department of Human Services (DHS) is the largest state agency with more than 7,500 employees working in all 75 counties. Every county has at least one local office where citizens can apply for any of the services the department offers. Some counties, depending on their size, have more than one office. DHS employees work in 10 major divisions and five support offices to provide services to citizens of the state. DHS provides services to more than 700,000 Arkansans each year.

DHS staff oversees the regulation of nursing home and childcare facilities. DHS is also responsible for finding adoptive families for foster children, protecting abused and neglected children, funding the home-delivery of meals for the elderly and serve children in the juvenile justice system and their families. DHS oversees services to blind Arkansans and helps develop volunteer programs, which have a profound impact at the community level. The department also protects elderly Arkansans from abuse and neglect and operates human development centers across the state, which serve the developmentally disabled. DHS also provides mental health services to nearly 60,000 people each year through its system of community mental health care centers.

### **Division of Children and Family Services**

The Division of Children and Family Services (DCFS) is one of the 10 Divisions in DHS and is responsible for finding adoptive families for foster children, protecting abused and neglected children. DCFS is committed to child protection and family preservation and the belief that every child is entitled to grow up in a permanent family. The primary and preferred way of achieving this goal is to provide families experiencing turmoil with services to prevent the need to place children outside their homes. However, when a family cannot be preserved or reunited, we look for another permanent family for the child(ren).

Our mission is to:

- Protect children;
- Maintain families, if this is appropriate, with the child's health and safety always considered paramount;
- Provide quality services within available resources which enable families to maximize their potential and increase their abilities;
- Preserve and enhance human dignity and worth;
- Prevent or reduce the need for services.

## **Management Responsibility of the Agency**

### **Director**

#### **Roy Kindle**

The Director of DCFS has management and administrative responsibilities for the Division and has an interactive role with the Child Welfare Agency Review Board. The Division has four major offices, each with an Assistant Director: Office of Community Services, Office of Community Support, Office of Legislative Analysis, Research and Planning and the Office of Financial and Administrative Support.

### **Assistant Director**

#### **Office of Community Services**

##### **Quranner Cotledge**

The Office of Community Services is responsible for the direct and purchased service delivery of child welfare services in each of the 75 counties in the state and is administered by an Assistant Director for Community Services. Each of the 10 areas has an Area Manager, county supervisors, Family Service Workers, Family Support Specialists and other area-based and county-based staff to provide direct services and support.

**Assistant Director**  
**Office of Community Support**  
**Albert Marlar**

The Office of Community Support is comprised of two sections: Program Support In-Home Services (Intensive Family Services, Family Support, Central Registry, and Interstate Compact), and Program Support Out-of-Home Services (Foster Care, Adoptions, Behavioral Treatment Unit, Independent Living, and Promoting Safe and Stable Families Services).

**Assistant Director**  
**Office of Legislative Analysis, Research and Planning**  
**Pat Page**

The Office of Legislative Analysis, Research and Planning is responsible for statewide DCFS policy development, professional development, comprehensive short-term and long-term planning, and quality assurance monitoring. The section also plays a critical role in analyzing and implementing proposed legislation that impacts the Division. The Legislative Analysis, Research and Planning section consists of the following units: Policy, Planning and Research, Child Welfare Agency Licensing, Professional Development and Quality Assurance.

**Assistant Director**  
**Office of Financial and Administrative Support**  
**Nancy C. Turner**

The Office of Financial and Administrative Services provides administrative and management support to DCFS through personnel administration, budget monitoring, resource control, and contract administration. The Office includes the following units: Personnel, Contracts, and Financial Resources. In addition, the Foster Care/Medicaid Eligibility Unit determines the eligibility for federal funding under Title IV-E (Foster Care and Adoption) and Title XIX (Medicaid) of all children in the care of the Division who are placed in Out-of-Home Placement or subsidized adoption.

## **Statewide Assessment Process**

DCFS assembled a Statewide Assessment Team to guide the development of the Statewide Assessment. The Team included a consumer of services, DCFS Executive Staff, a representative from the University Partnership, a mental health service provider, a developmental disabilities service provider, a DCFS Area Manager, a Family Service Worker, a representative from the University of Arkansas for Medical Sciences Foster Care Project, a DCFS Family Support Specialist, a DCFS County Supervisor, a Juvenile Judge, and representatives from the Division of Mental Health, the Arkansas State Police and the Department of Education. The Team reviewed policy information, data and results of focus groups. They reviewed and commented on all drafts of the Statewide Assessment. Their input, questions and assistance were invaluable in the development of the Statewide Assessment.

### **Focus Group Process**

DCFS conducted 58 focus groups around the state to allow staff, providers, stakeholders, foster parents, adoptive parents and consumers of DCFS services the opportunity to offer input about those services. DCFS mailed over 20,000 invitations to the focus groups, in addition to public service announcements that were made in local papers and on National Public Radio and on the DHS web site.

In addition, we conducted focus group sessions with targeted groups such as the Youth Advisory Board, Juvenile Judges, Therapeutic Foster Care Providers Association, and the Child Welfare Agency Review Board. Attachment 1 is a listing of all of the focus groups conducted.

The goal of the focus groups was to assist with our assessment of DCFS services by gathering information from staff, foster parents, adoptive parents, stakeholders, the community and consumers of DCFS services to provide us input about their perceptions and opinions of these services. In conjunction with our University Partners, we conducted these focus groups at locations other than the DHS County Office, such as churches, community centers, college classrooms, and a Chamber of Commerce building. The focus groups were held at times that would accommodate families.

Preliminary focus group results were shared with the members of the Statewide Assessment Team. Many of our community partners who are on the Team participated in the focus groups. At the conclusion of the focus group effort, we met with the Area Managers and other staff to discuss the focus group process, and suggestions on how to improve the process. All who participated felt the process was successful and accomplished the goal of gathering important information to use in completing the Statewide Assessment.

Attachment 1

## **Section II - Systemic Factors**

### **A. Statewide Information System Capacity**

1. Discuss how effectively the State is able to meet the State plan requirement that it operates a Statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.

## Descriptive Information

The Arkansas Division of Children and Family Services (DCFS) has an automated statewide child welfare information system, the Children's Reporting Information System (CHRIS). CHRIS is the official record of child welfare information and includes information on in-home service (child protective and supportive services), foster care and adoption cases.

CHRIS is a fully automated, worker-based, child welfare information system that identifies each foster child's status, demographic characteristics, location and the case plan goal. Direct service workers, field supervisors, Area Managers, and Central Office managers and administrators use the system. In addition, our training partners, the University of Arkansas at Little Rock, MidSOUTH Training Academy, and the University of Arkansas for Medical Sciences (UAMS) use this system.

CHRIS captures the following information:

- Legal Status and the date child was removed from caregiver
- Demographics – Child's name, gender, race, ethnicity, birth date and physical description
- Location - Child's current placement including category and type of resource, name, address and date child entered the resource placement
- Goal - the child's current case plan goal and concurrent plan

There are numerous reports by Area and by County to capture identifying information on our foster children:

- Quarterly Performance Report (QPR) – utilized by Area and Central Office Managers and Administrators and submitted to the Arkansas General Assembly
  - . Characteristics of Children in Foster Care
  - . Characteristics of Children in Relative Foster Care
  - . Permanency Goals of Children in Foster Care
  - . Current Placement of Children in Foster Care
- Alpha Listing For Foster Children By County of Service or County of Jurisdiction – utilized by County and Area Staff
- Children in Placement – Utilized by County and Area Staff
- Children Exiting Care – Utilized by County and Area Staff
- Clients referred for Adoption Planning – Utilized by County and Area Staff
- Foster Care Children with “remain at home” as the goal – Area Managers
- Child Protective Service Cases with no visits – Area Managers
- Non-current case plan report – Area Managers
- Cases missing the Case Plan Goal report – Area Managers
- Foster Family Homes with Overdue Evaluations Report – Area Managers

### Attachments 2 – 9

Staff input was utilized in the development of CHRIS. An annual CHRIS Satisfaction Survey is done to continue to get staff input into their satisfaction with and concerns about the CHRIS system. A simple two- page survey was emailed to all DCFS staff in January 2000. A total of 235 staff responded to the survey. The respondents to the survey included Family Service Workers (FSW's)(49% of the responses), FSW Supervisors (31% of the responses), and other support staff (20% of the responses).

Recommendations based on the results of the survey included:

- Consolidate the information on one screen and populate the same information to other screens, e.g., client demographic information.
- Develop prompts or reminders to staff alerting them to complete key screens.
- Review and simplify the resource function in CHRIS. Resource entry should be simple. It should be easy to enter a resource on one screen and have the information be added to all screens.
- Produce reports with summary totals of how many children are being served, to replace reports that staff are doing manually.

Training on CHRIS was originally done centrally. Within the last couple of years CHRIS training has been placed in the field, with special CHRIS trainers located statewide through a contract with the MidSOUTH Training Academy. The field location of the trainers has increased accessibility of the training and should result in an increase in the knowledge level of staff and therefore the reliability of the information.

The Office of Systems and Technology (OST) supports the programs within the DHS by coordinating and managing the information technology resources of the Department. OST also has oversight responsibility for application development projects including CHRIS.

As part of their review of DCFS compliance with the terms of the Angela R. Settlement Agreement, the Center for the Study of Social Policy (CSSP) conducted a case record review of approximately 1,000 cases for the time period between January 1 and June 30, 1999. In their report of findings, issued April 2000, they stated, "CSSP found that CHRIS is a reasonably reliable data source on DCFS case practice."

### **Focus Group Input:**

Questions about the Statewide Information System were only asked of DCFS staff. Many positive comments were made as well as some suggestions for improvement. The positive comments indicated that positive changes have been made since the system began, that the system is "very easy", "field friendly" and "responsive to needs at the county level", that it is a very helpful/useful system, and that staff "love it."

Comments were also made suggesting improvements in some areas including the following:

- Increase reports
- Refine some reports
- Fine tune the search capability (mentioned in four areas)
- Increase user friendliness by the following:
  - . have more fields populate (mentioned in several areas),
  - . increase space on screens and text boxes,
  - . highlight more mandatory fields,
  - . improve case navigation between screens (nearly every area mentioned), and
  - . tailor pick lists to Arkansas (many use the terminology of Oklahoma from whom Arkansas adopted the system.)

Comments about training were made in several areas with the general sense that the placement of CHRIS trainers in the field through MidSOUTH Training Academy is more effective than previous training models. There were some comments made about the system being slow; sometimes due to older computers in some offices.

Another concern expressed in several sessions was about CHRIS “going down” or crashing. Although this does not happen often, and backup has been developed, it is very problematic in a worker- based child welfare information system where the system is the case record and compliance monitoring is automated.

The other general theme is that the system is effective if the information is entered timely. In a child welfare system where the primary emphasis is on serving clients but the importance of maintaining an accurate information system is also constantly emphasized, a natural tension develops. DCFS will continue to support correct and timely entry of information while maintaining the priority of service to families.

### **Conclusion:**

DCFS has a statewide information system that meets federal requirements. Although the information is basically reliable and current, the system still presents challenges to staff and will be in a mode of continuous improvement to meet the needs of staff. Changes are being made to the system to increase the reliability and accuracy of the information. Reports are being developed to increase the accessibility and usefulness of information for staff at all levels. As DCFS and CHRIS staff continue to make system improvements, the concerns of staff will be addressed.

## **B. Case Review System**

1. How effectively is the State able to meet the requirement that each child in foster care under the State’s placement and care responsibility have a written case plan with all the required elements?



## **Descriptive Information**

DCFS policy requires development of a written case plan developed jointly with the parents of the child in care within the first 30 days after a child enters care. It should be updated as needed at the second staffing held ninety (90) days from the case opening and at subsequent staffing(s) held at a minimum of every three (3) months. A CHRIS tickler reminds staff of the need to conduct the 90-day staffing.

Policy states that the case plan will:

- Include a description of the out-of-home placement with regard to the health and safety of the child.
- Include a plan for assuring a child receives safe and proper care.
- Include a plan for assuring services are provided to the child and parent to improve conditions in the parent's home and facilitate return of the child or the permanent placement of the child.
- Include a plan for assuring services are provided to the child and foster parents to address the needs of the child while in out-of-home placement.
- Include the visitation rights and obligations of the parents, guardian or custodian and the Division during the period the child is in an out-of-home placement.
- Identify and address specific independent living skill needs, as appropriate.
- Include documentation of the steps taken to (a) find an adoptive family or other permanent living arrangement for the child, (b) place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and (c) finalize the adoption or legal guardianship. At a minimum, documentation shall include child specific recruitment efforts such as the use of state, regional, and national adoption exchanges including electronic exchange systems. This applies in the case of a child for whom the permanency plan is adoption or placement in another permanent home.

Policy requires that the worker file the case plan with the court no later than thirty (30) days after the date the petition was filed or the child was first placed out-of-home, whichever is sooner. Policy also requires that the Area Manager review and approve any case plan with a goal of reunification that has been in effect for at least eleven (11) months.

The case plan format is part of CHRIS and requires that the case plan address least restrictive environment in close proximity to the parents and that the placement meets the child's special interest. It includes services offered and provided to the family and steps taken to finalize another permanent placement when reunification is not possible.

CHRIS and various reports captures the case plan required elements through the following:

- CHRIS Screens:
  - Family Strengths and Needs Assessment
  - Child's Strengths and Needs Assessment
  - Treatment Plan Permanency Plan Case Goals
  - Treatment Plan Needs Based Services
  - Placement Plan Family Information
  - Placement Plan Child Information
  - Placement Plan Attorney Information

- Hard Copy Documents:
  - Strengths and Needs Assessment on Family – CFS-6009 - Attachment 10
  - Family Case Plan – CFS-6010 – Attachment 11
  - Placement Plan – CFS-6008 – Attachment 12

As a result of the CSSP case record review, they reported that 88% of the cases had current case plans.

The DCFS COR for March 2001 reported that 95% of foster care cases have current case plans.

A new model of service delivery is being explored for development in Pulaski County. The Pulaski County Strategic Planning Committee has been formed to develop a strategic plan for Pulaski County to enhance case practice through the development of Family-Centered Neighborhood-Based Practice. This Committee consists of the DCFS Area Manager, County Supervisors, Family Service Workers, Family Support Specialists, Arkansas State Police staff, foster parents, providers, judges, OCC attorneys, neighborhood partners, and advocates. The Committee identified system strengths and weaknesses and barriers to good case practice, and will be developing a county Strategic Plan, including opportunities for staff and Committee members to visit effective systems of community-based child protection and family-centered, neighborhood-based practice around the country. CSSP is offering consultation on this initiative.

## **Focus Group Input**

The Focus Groups resulted in the following observations:

Staff generally said that children have case plans with required elements. Staff from several areas acknowledged that placement of a child in close proximity to parents was not always possible due to a lack of sufficient foster homes.

In one area, the staff said that staff shortages sometimes resulted in not all children having timely case plans. They also stated that the worker may be active with the family but not inputting information timely into CHRIS. They were concerned that in some instances CHRIS appeared to drive casework.

Staff also expressed concern that the case plan format was difficult for families and courts to understand. Central office staff expressed the concern that the CHRIS case plan format was generic and may result in children's needs not always being addressed. Area Managers also had concerns about the format not being child or family friendly. They acknowledged challenges in regard to adequate resources, including a need for more foster homes.

Foster and adoptive parents had divided opinions about the existence and adequacy of case planning. Some said that most children have case plans, although the format is difficult to follow, and that foster parents may receive the plan late. Some thought that some counties are better than others in the quality of their case planning. As with staff, proximity of placement was seen by foster parents as an issue. In some areas, foster parents thought that children had case plans that address their needs and that foster parents receive and understand them. Similarly, stakeholders varied between areas on their opinions of the existence and adequacy of plans. Stakeholders from most areas said that children have case plans with required elements. In some areas, a lack of resources or staff was seen as problematic and effecting the ability of workers to meet children's needs. The case plan format was also a problem.

Many of the judges were concerned with the quality of case plans, seeing them as generic and not individualized. The format and automated nature of the case plan, with its boiler plate picklists, may be part of the problem. Some of the judges said case plans are getting better, but also said that it depends on the worker. The judges saw resources, and especially foster home resources, as a barrier to proximate placement.

Agency attorneys also see the case plan format as problematic, resulting in case plans that lack creativity. They also saw issues with proximate placements due to inadequate foster home resources.

Young consumers differed as to their awareness of and involvement in developing case plans. In most areas, at least half of the young consumers had a copy of and/or were involved in developing their case plan.

The Pulaski County Strategic Planning Committee believed that most children have case plans, that placement in close proximity is not always possible, that the child's needs are addressed only superficially, and that part of the issue is the time frames involved in the process.

### **Conclusions:**

Most children in foster care have case plans with all of the required elements. There are, however, issues with the case plan format, the quality of case planning, parental involvement in case planning and resources to enable workers to make placements proximate to the family. Work must be done to improve the case plan format. Continued training should increase workers' skill in case planning, including their skill at involving the parents as partners in the development of the plan. This training needs to include information that would assist workers in learning how to best meet the needs of parents or children with disabilities. This would also include planning for age-appropriate children to transition to adulthood.

The Statewide Assessment Team recommends that policy be revised to require that the Family Strengths and Needs Assessment and the Independent Living Needs Assessment (Daniel Memorial) [for age appropriate youth] should be attachments to the case plan, with the results of the assessments being reflected in the case plan contents. Everyone involved in planning for the child, such as the court, the family, the foster parent or residential provider, the age appropriate child and all involved DCFS staff should receive the case plan with these attachments.

The Pulaski County Strategic Planning Project will assist in identifying and piloting good case practice models that will enhance the skills of workers in Pulaski County and will develop and test a model for consideration of use in other areas of the state.

2. How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.

## **Descriptive Information**

DCFS policy states the assessment of the family's strengths, needs and resources is the basis for developing individualized goals and service delivery to meet the family's unique goals, whether the child is placed out of home or receiving in-home services. The family shall be the primary source of information for the assessment with emphasis on the partnership with the family and a holistic view of their circumstances. The worker completes a Health and Safety Assessment.

A case plan is a written document between the family and DCFS that outlines a plan of services. Utilizing the Strengths and Needs Assessment, it addresses the family's needs, building on the family's strengths, and outlines the roles and responsibilities of all involved parties. Case plans will be developed after a thorough assessment of a family's strengths and needs. The family shall be the primary source of information. The case plan shall be developed with the involvement of family, the age-appropriate children, the foster parents and the Attorney ad Litem (if there is court involvement), the Family Service Worker and any other involved parties. Consideration of the health and safety of a child must be included in case planning and case reviews for children in out-of-home placement. Utilizing the Risk Assessment in CHRIS, continued safety of the child is periodically reviewed. At case closure, a Risk Assessment must be completed to ensure the child is safe.

Policy states that after a child is placed out of the home, reasonable efforts will be made to reunify the family, to make it possible for the child to safely return home. Reasonable efforts to place a child for adoption or with a legal guardian or permanent custodian may be made concurrently with reasonable efforts to reunite a child with his family.

The concurrent planning process include the following:

- The Family Service Worker informs the family of the concurrent planning process. The Family Service Worker must emphasize the importance of family involvement and partnerships in establishing permanency for children in out-of-home placements.
- The Family Service Worker requests parental input in identifying relatives and significant others who may be appropriate caregivers and initiate contact and Home Studies. Information on the putative father and any absent parent should be obtained. In considering placements, foster parents should be viewed as a resource.
- The Family Service Worker initiates the completion of the Life Story Book for all children in out-of-home care.
- The Family Service Worker completes the initial Case Plan within 30 days and documents concurrent planning activities.
- The Family Service Worker completes the "Birth Family Background Information" within 60 days of case opening.
- At the second staffing (within 90 days), the Family Service Worker invites the Adoption Specialist if the court determines reunification services are not required, or the Division is recommending termination of parental rights.
- The Adoption Specialist will be invited to participate in the sixth (6th) month, ninth (9th) month and eleventh (11th) month staffing if it appears likely that the child will not return home or if the goal for the child is adoption.

A Services Case Staffing is a meeting of all involved parties for the purpose of assessing the current status of the family situation and developing or updating the case plan. Parents are invited to staffings.

CHRIS and various reports captures the parent's participation in the development of the case plan through the following:

- CHRIS Screens:
  - . Client Contact (invited/attended staffings to develop case plan)
  - . Document Tracking (staffing notices sent – CFS-590)
- Hard Copy Documents:
  - . Invitation to Family Centered Meeting – CFS-590 - Attachment 13
  - . Family Case Plan – CFS-6010 (parent's signature)
  - . Family Foster Parent Handbook (pages 3 and 32) – PUB-030 – Attachment 14

The DCFS COR for March 2001 reported 60% compliance with the requirement that parents are invited to attend staffings of foster care cases. This report only indicates compliance if the notices are sent two weeks in advance, and therefore may underreport actual invitations and participation.

The CSSP case record review found that 77% of the parents are invited and that 58% participated in the development of the case plan.

Training on the Adoption and Safe Families Act (ASFA) was held statewide in the fall of 2000 for DCFS staff, CASA volunteers, Guardian ad Litems, judges, and court staff. This training was a collaborative effort of the Administrative Office of the Courts (AOC), MidSOUTH Training Academy and DCFS.

A new model of service delivery is being explored for development in Pulaski County. The Pulaski County Strategic Planning Committee has been formed to develop a strategic plan for Pulaski County to enhance case practice through the development of Family-Centered Neighborhood-Based Practice. This Committee consists of the DCFS Area Manager, County Supervisors, Family Service Workers, Family Support Specialists, Arkansas State Police staff, foster parents, providers, judges, OCC attorneys, neighborhood partners, and advocates. The Committee identified system strengths and weaknesses and barriers to good case practice, and will be developing a county Strategic Plan, including opportunities for staff and Committee members to visit effective systems of community-based child protection and family-centered, neighborhood-based practice around the country. CSSP is offering consultation on this initiative.

### **Focus Group Input:**

There was insufficient participation by parents in focus groups to draw a representative sample of their view of parental involvement. The Juvenile Judges Focus Group expressed concern about the level of parental participation in case plan development. It appears that parents participate in the development of case plans in various degrees, depending on the area of the state.

### **Conclusions:**

Although policy requires that parents are invited to staffings and participate in developing case plans, management data and focus group input indicates that this does not always happen. Most parents are invited but may not attend or participate in the development of the plan. Families may not know or understand the benefits of attending and assisting in developing their plan of services. Training should be provided to assist the caseworker in engaging families, including parents or children with disabilities, in the development of the plan.

3. Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every 6 months, by a court or by administrative review.

### **Descriptive Information**

Arkansas law and policy require that periodic reviews are conducted throughout the life of a case. The status of each child in Out-of-Home Placement through DCFS, including children placed out-of-state, shall be reviewed no less than every six months by a judicial review.

CHRIS and various reports captures periodic judicial reviews for children in foster care through the following:

- CHRIS Screens:
  - . Hearing Detail
  - . Hearing Child Information
  - . Court Report
- CHRIS Ticklers:
  - . Court Hearing Date Tickler – generated from the Next Hearing/Review Date
  - . Court Report Tickler – generated from the Next Hearing/Review Date
- Hard Copy Document:
  - . Court Order
  - . Permanency Planning Court Report – Attachment 15
  - . Court Report – CFS-6011 – Attachment 16
  - . Attorney Report – CFS-393 – Attachment 17

The Statewide COR for March 2001 reports that foster care cases comply with judicial reviews every six months in 87% of the cases.

The CSSP case record review found that 97% of the foster care cases complied with judicial reviews every six months.

Training on the Adoption and Safe Families Act (ASFA) was held statewide in the fall of 2000 for DCFS staff, CASA volunteers, Guardian ad Litems, judges, and court staff. This training was a collaborative effort of the Administrative Office of the Courts (AOC), MidSOUTH Training Academy and DCFS.

### **Focus Group Input:**

There appeared to be general consensus that six-month review hearings are being held in most cases. Many judges review cases every three months. One reason given for more frequent reviews is that judges want to ensure that court orders and case plans are being complied with. Feedback from most areas found these reviews to be “effective”, “very effective” or even “awesome”. In a couple of areas, the results are not quite as positive, but the reviews were viewed as “getting better”.

### **Conclusions:**

Documentation and focus group input indicates that court reviews are held on foster care cases at least every 3 to 6 months. This can be attributed in part to the training that has been available on ASFA. Most judges are fully involved in making permanent plans for children and ensuring that ASFA regulations are followed.

4. Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.

## **Descriptive Information**

DCFS Policy states that each child in an Out-of-Home Placement including children placed out-of-state, shall have a Permanency Planning Hearing (PPH) no later than 12 months from the date of entering foster care to determine the child's future status. A child shall be considered to have entered foster care on the date the child enters an Out-of-Home placement.

The Permanency Planning Hearing shall determine the permanency goal for the child:

- Return home,
- Termination of parental rights unless:
  - the child is being cared for by a relative;
  - the Division has documented a compelling reason why filing a termination petition would not be in the best interest of the child; or
  - the Division has not provided services, consistent with the case plan, necessary for the safe return of the child to his home.

If the court determines the permanency goal to be termination of parental rights, the Department shall file a petition to terminate parental rights within thirty (30) days from the Date of the entry of the order establishing such goal. The court shall conduct and complete a Termination of parental rights hearing within ninety (90) days from the date the petition for Termination of parental rights is filed, unless continued for good cause. After an order of Termination of parental rights is filed, the court shall review the case at least every three (3) months when the goal is adoption and, in other cases, every six (6) months until permanency is achieved for the child.

- Legal guardianship,
- Permanent custody (if the court grants legal guardianship or permanent custody no further services or periodic reviews are required),
- Continue the goal of reunification (only when the parent is complying with the established case plan, and orders of the court making significant measurable progress towards achieving the goals established in the case plan, and diligently working toward reunification. Reunification must be expected to occur within a time frame that is consistent with the child's developmental needs),
- Long Term Foster Care/Independent Living.

The DHS Office of Chief Counsel (OCC) Central Legal Office (CLO) has instituted a process to track Permanency Planning Hearings to assure compliance with state and federal law:

1. An eleventh-month printout has been created to assure that all PPH proceedings are held in a timely manner. This monthly report acts as a warning flag to let us know what juveniles are due a PPH within the following month. Attachment 18
  - CLO sends E-mail notification to each attorney letting him know what juveniles are due a PPH during the upcoming month. They are asked to respond by confirming that these cases are due and by giving CLO the actual hearing date scheduled.



If they have not scheduled a hearing, they are required to tell CLO why (it may be that the case doesn't need a PPH because the case is closed or the juvenile has already returned home). If the juvenile needs a PPH and one has not been scheduled, the attorney does so immediately and informs CLO of the date set.

- Since this is an ongoing process, this systematic procedure will eliminate juveniles overdue for a PPH, therefore assuring CLO compliance with ASFA.

2. CLO also focuses on the quality of court orders reflecting what happened at the Permanency Planning Hearing. Therefore, for a period of time, CLO is reviewing all PPH court orders for quality.

- Attorneys are required to send the CLO Coordinator a copy of the PPH orders by the 5<sup>th</sup> of the month following the PPH proceeding. This sets up an automatic review of the orders with our Deputy Counsel and the Managing Attorney.
- In addition, attorneys are required by OCC to provide a monthly report to their Managing Attorney reviewing child welfare court appearances. These appearances are reported by county and include the number of days in court in that county. Also reported monthly are the number of cases in which child support is ordered or denied, the number of cases in which reimbursement for services is ordered or denied and the number of emergency cases handled.

CHRIS and various reports captures periodic judicial reviews for the child in foster care through the following:

- CHRIS Screens:
  - . Hearing Detail
  - . Hearing Child Information
  - . Court Report
- CHRIS Ticklers:
  - . Court Hearing Date Tickler – generated from the Next Hearing/Review Date
  - . Court Report Tickler – generated from the Next Hearing/Review Date
- Hard Copy Document:
  - . Court Order
  - . Court Report – CFS-6011
  - . Attorney Report – CFS-393

### **Focus Group Input:**

Input from the Focus Groups indicated that Permanency Planning Hearings are occurring and, for the most part, are very effective in promoting timely permanency. There were concerns expressed that some judges are reluctant to, or even refuse to, terminate parental rights, even when the children remain in foster care for long periods of time. This seems to be improving with increased training of judges, attorneys and DCFS staff.

### **Conclusion:**

Permanency Planning Hearings are being held and are, for the most part, effective in promoting permanency. The new tracking system that OCC developed has assisted in assuring that these hearings are timely. DCFS and AOC will continue to work together with judges on child welfare issues.

5. Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in, any review or hearing held with respect to the child in their care.

## Descriptive Information

DCFS policy states that foster parents shall be considered as team members working with other child welfare professionals for the family. Complete information, such as a child's health, reasons for entering care, and probable length of placement, shall be provided to foster parents at the time of placement. Additional information shall be shared promptly with foster parents.

DCFS shall provide to foster parents and pre-adoptive parents of a child in DHS custody, notice of any review or hearing to be held with respect to the child. The original petitioner in the juvenile matter shall provide relative caregivers with notice. The Court shall allow foster parents, pre-adoptive parents and relative caregivers an opportunity to be heard in any review or hearing held with respect to a child in their care. Foster parents, adoptive parents, and relative caregivers shall not be made a party to such review or hearing solely on the basis that such persons are entitled to notice and the opportunity to be heard. Families are identified as pre-adoptive once a child is placed in the home and prior to the finalization of the adoption.

CHRIS documents notice to the foster parents, pre-adoptive parents and relative caregivers of any review or hearing in respect to the child in their care through the following:

- CHRIS Screens:
  - Client Contact (invited/attended staffings)
  - Document Tracking (sent Staffing Notice – CFS-590; and Notification of Court Appearance – CFS-343)
  - Hearing Detail (Notification to Other Staff and Parties to Hearing)
- Hard Copy Documents:
  - Invitation to Family Centered Meeting – CFS-590
  - Notification of Court Appearance – CFS-343 – Attachment 19
  - Family Case Plan – CFS-6010 (foster parents involvement)

The notice requirement is also included in the Family Foster Parent Handbook (PUB-030).

AOC includes in their benchbook for judges and resource cards for Attorney ad Litem the legal requirement that foster parents have notice and an opportunity to be heard at hearings held on children in their care.

### **Focus Group Input:**

Limited feedback was obtained on this question from Focus Groups. This feedback indicated that foster parents are not always invited to court.

### **Conclusion:**

DCFS needs to examine the process for inviting foster parents to court and, with AOC, the training of staff, guardian ad litem, CASA volunteers and foster parents about this process. DCFS will assure that pre-service foster parent training includes information on ASFA and on the rights of foster parents to notice and be heard in court in cases involving children in their care.

AOC will develop a handbook for foster parents that explains the court process, similar to one that they published for parents.

### **C. Quality Assurance System**

1. Discuss how the State has complied with the requirement at section 471 (a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.

## **Descriptive Information**

DCFS has Standards for Approval of Family Foster Homes, which include safety standards. The state also has Minimum Licensing Standards for Child Welfare Agencies, developed by DCFS in conjunction with the Child Welfare Agency Licensing Board. The Licensing standards address the safety issues for foster homes and require the agency that approves the foster home to conduct quarterly monitoring visits, annual re-evaluations, and re-evaluations each time there is a major life change in the home (e.g., death, divorce, marriage).

Previous DCFS Directors certified compliance with Minimum Licensing Standards for Child Welfare Agencies. The current DCFS Director made the decision that DCFS will be licensed. DCFS is currently conducting pre-licensing reviews and plans to apply for a license in June.

The DCFS philosophy is to maintain families, if appropriate, with the child's health and safety always considered paramount. CHRIS includes a Health and Safety Assessment and a Risk Assessment for every child entering foster care. The Division seeks to ensure the health and safety of children and to preserve families through the provision of Intensive Family Services (IFS), the use of specific criteria for out-of-home placements, a services case plan, and foster parent training, approval and re-evaluation. Initial health screenings and comprehensive health assessments and health plans for children receiving out of home placement services are also a part of ensuring quality services.

All children in foster care are placed in licensed programs or residential facilities or approved foster homes. If the most appropriate placement is a relative placement, that home must meet the same standards as a non-relative foster home. Until the relative meets the minimum qualifications to become a Foster Family Home, including training and the home study, the child must remain in an approved foster home or licensed child welfare program or residential care facility.

DCFS contracts foster home recruitment in all areas except Area 5 where a staff person is responsible for recruitment of foster homes. The contracted recruiters advertise the need for foster homes and publicize and coordinate meetings to seek prospective foster homes. The application, the home study and necessary forms are begun once the recruiters have identified prospective foster parents. DCFS contracts with the MidSOUTH Training Academy to assess prospective DCFS foster parents' eligibility for approval, which includes meeting requirements in the Standards for Approval of Family Foster Homes. MidSOUTH Training Academy enrolls and provides necessary information regarding prospective foster parents attendance and completion of mandatory training.

County Supervisors review and approve studies of prospective foster homes. DCFS Adoption Specialists determine the eligibility of prospective adoptive families. Adoption Supervisors review the studies of prospective adoptive families submitted for approval for compliance with standards.

## **Focus Groups Input**

Foster parents, stakeholders, and agency staff were asked if they had copies of the Standards for Approval of Family Foster Homes and the Minimum Licensing Standards for Child Welfare Agencies, if they understood the standards and if they felt that the standards keep children safe.

Most staff had copies of or access to copies of both Standards. Some, but not all, foster parents had copies of the Standards for Approval of Family Foster Homes. Fewer foster parents had copies of the Minimum Licensing Standards for Child Welfare Agencies.

There were some comments about the standards themselves. It was recommended that inconsistencies between the two sets of standards should be reconciled. One recommendation was made for a thorough review of the standards to assure that they addressed the quality of care. Some DCFS staff feel like the standards do not allow enough flexibility to close inadequate foster homes.

Several foster parent focus groups suggested that foster parents need training on the standards in order to understand them better. There was also a suggestion for a mass mailing of the standards to foster parents.

Most of the comments dealt with the enforcement of standards. Several groups expressed the belief that the Minimum Licensing Standards for Child Welfare Agencies addressed safety and were being implemented fairly. There was more concerns about the enforcement of the Standards for Approval of Family Foster Homes. Several of the statewide focus groups felt that foster homes need to be evaluated more carefully, monitored more closely to consider changing circumstances, and re-evaluated more consistently. There was also a comment that DCFS needs to provide more support to foster homes. There were several comments that DCFS is doing better with recruitment of foster homes and enforcement of standards, and that there is increased interest and attention on this issue.

There was concern voiced in several statewide focus groups and several staff groups that the standards do not adequately address the commitment that is needed to be a foster parent – that families can meet minimum standards without evidencing that commitment which is so important to successful foster parenting. This was an issue in Central Arkansas.

The importance of adequate, timely background checks was voiced. There was some concern voiced that the process for background checks need to be quicker.

## **Conclusions:**

While DCFS has a system of triple checks on the quality of foster homes approved and remaining open, there was concern expressed from staff and stakeholders that some foster homes, although not a health and safety risk, probably do not provide the optimum service that we want for all children in foster care. Foster home recruitment systems need to be evaluated in order to assure that adequate numbers of homes are being developed to meet the needs of children in foster care, and homes that are less than adequate should be closed.

2. Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.

## **Descriptive Information**

The DCFS quality assurance system monitors service effectiveness and quality on a statewide basis through four distinct processes:

- Production of periodic outcome, performance and compliance reports;
- onsite monitoring of contract providers;
- production of special evaluation reports on specific program topics; and
- targeted qualitative reviews of work performed in specific offices.

**Outcome, Performance and Compliance Reports** - The outcome, performance and compliance information is released primarily in two periodic reports: The Quarterly Performance Report (QPR) which is distributed to agency managers and to the General Assembly; and the Compliance Outcome Report (COR) which is published on the agency's intranet. The QPR measures safety on a cohort in terms of repeat abuse/neglect for children with an initial true report, in terms of true reports related to children in foster care; and in terms of abuse and neglect which occurs after the opening of a case to protective, supportive or intensive family services. Cohort analysis is also used to measure permanency, counting both the percentages of children returning home within 18 months of removal and the percentage of children placed into adoptive homes within 12 months of the termination of parental rights. Finally, well-being measures include analyses of the number of children with more than 3 placements in the first 15 and the first 18 months after removal; the percentage of children placed with their siblings; and the percentage of children receiving initial and comprehensive health screenings after entering care. The QPR provides this information on a quarterly basis, showing trends over time, as well as descriptions of the client population at the various service stages, so that the agency has sufficient information on which populations to target in its efforts to improve performance.

Attachment 20 - 27

**The COR** is produced monthly and provides data on compliance with over 50 items. The information is published on the agency's intranet at all levels, i.e., case specific, worker specific, county specific, area wide and statewide. The specific intent of the COR is to notify workers and supervisors of which cases are not meeting the standards, so that performance can improve.

**Contract Monitoring** – The DCFS Quality Assurance function is also responsible for programmatic contract monitoring. For all residential services and supported living contracts, QA staff visit the facility, reading case records and interviewing staff. These reviews make a determination as to whether the contractor is achieving the performance indicators specified in the state's performance contracts and monitor the achievement of improvements emerging from prior reviews in which deficiencies were identified.

**Special Evaluations and Studies** – The DCFS Quality Assurance function is responsible for the annual evaluation of Intensive Family Services (IFS), as well as evaluations of other programs. Required by state law, the evaluation of IFS provides measures of the adequacy and quality of the services provided under the program using a comparison group of DCFS client families. Other evaluations are done on an "as needed" basis, with different programs selected each year.



One of the recent evaluations examined a lay therapy model long in use in Arkansas to deal with child maltreatment cases. All of the evaluations identify both the strengths and weaknesses of the programs, as they are currently implemented.

In additions to evaluations, the Quality Assurance unit conducts a variety of special studies. Current studies relate to mental health services and multiple placements. The former is designed to determine the extent to which the mental health recommendations made in children's initial and comprehensive health examinations are followed, while the latter is attempting to measure the reasons children experience multiple placements during a single removal episode. These efforts identify areas of strength and/or weakness in the programs related to the specific processes under review.

**Targeted Qualitative Reviews** – Until 1994 DCFS had an administrative review process that examined the quality of services in foster care cases. The DCFS Director at that time suspended that process. For the past year DCFS quality assurance staff have been conducting qualitative reviews of foster care cases and assessments in specific county offices at the request of Area Managers or other administrators. The reviews included interviews with caseworkers, supervisors, service providers and families, as well as a case record review. The goal of the reviews varied according to the specific reason the manager made the request. In all reviews, however, a goal was to determine the quality and appropriateness of the service offered the child and family. In some reviews, again according to the preference of the requesting manager, the review provided feedback to staff regarding techniques for improving the service delivery.

In January 2001, four additional quality assurance staff were added, bringing the total number of staff to five, and one manager. The five field staff will be conducting field reviews, utilizing the Quality Service Review philosophy. The focus will be on outcomes for the child and family, the quality of services offered and how the services relate to the identified needs of the child and family. The intent is to pay only incidental attention to process related issues, instances where those issues relate directly to a quality issue.

Training and protocol development will begin the first week of June 2001. Full implementation of the process is expected to begin by the end of August, after completion of at least one pilot test of the protocol.

### **Focus Groups Input**

The Central Office, Area Managers and Area Staff Focus Groups were begun by informing participants that the Quality Assurance system currently produces reports such as the COR, QPR, IFS Evaluation, Residential Contract Monitoring and management reports. They were also informed that a field-based quality service review is in the process of being implemented. They were then asked, "What other quality assurance components can you suggest that will assist in managing your programs?"

Generally it was agreed that DCFS should have a system of review which will focus on the quality of services offered children and families. The current primary method of monitoring cases, the COR, is effective, but is limited in that it can only measure compliance with process.

One area suggested that compliance with court orders and qualitative assessments of case narrative content would be beneficial. Other groups pointed to the need for a process to review for quality of services and a more extensive system to monitor contracted services.

The current system represents a good monitoring tool, but a system should be in place to measure the quality of services.

### **Conclusions**

DCFS has in place an extensive system of monitoring outcomes, performance measures and compliance issues. In addition, contract monitoring processes, special evaluations and studies and qualitative reviews produce information which is used to produce program improvements by tying information about processes to information about performance.

DCFS continues to build upon and expand its system of quality assurance by broadening the range of programs for which contract monitoring will be done, doubling the number of special studies/evaluations each year (beginning in SFY 2002) and expanding quality service reviews to a statewide basis. The Division is in the process of developing and implementing a field based review of the quality of services.

### **D. Staff and Provider Training**

1. Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State's initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.

## **Descriptive Information**

The Minimum Licensing Standards for Child Welfare Agencies require that each caseworker in a child welfare agency shall have twenty-four hours of job-related continuing education each year. All new DCFS Family Service Workers (FSWs) must complete training requirements (i.e., six weeks of training) before being assigned a caseload. They also must complete 24 hours of in-service training annually.

DCFS contracts with the MidSOUTH Training Academy to provide initial and in-service training for DCFS staff. Training sessions are held at five academy locations around the state. Training is provided twice a year to Social Service Aides. In-service training is provided through the Academy trainers, closed circuit videos, and individual training sessions in county offices as identified by an individual training needs assessment.

The current training curriculum involves two weeks of classroom instruction, followed by one week of on-the-job training (OJT) in the county office, two additional weeks of classroom instruction culminating in the second and final week of OJT. The schedule gives the new FSW six weeks of training before they are assigned a caseload. A pre- and post- test is completed for units covered during the training. The results of these tests are provided to the supervisor and worker during an exit interview at the completion of training. Each area conducts a panel review prior to the end of the six-month probation. The panel uses oral and written evaluation measures based on actual case scenarios to determine whether the staff successfully completes probation or whether additional training is needed in identified areas.

MidSOUTH Training Academy and DCFS are currently piloting a new training model for new workers. The new model combines classroom instruction with OJT and mentoring. University Partners experienced in child welfare will serve as mentors for all new FSW's for their first year. The mentor will instruct and evaluate the skills of the new worker to supplement the OJT in the county office.

DCFS also contracts with the University Partnership – a consortium of eight universities coordinated by the University of Arkansas at Fayetteville –to provide training in county offices tailored to the needs identified by requesting offices and mentoring for new workers. In addition, the University Partnership offers child welfare and social work curricula for degree candidates.

The supervisor administers an Individual Training Needs Assessment (ITNA) individually with Family Service Workers under their supervision. The assessment is based on the competencies developed through the Child Welfare League of America, and this information is the basis for determining what further training is needed. MidSOUTH Training Academy prepares an annual report of the ITNA results for both supervisory staff and Family Service Workers. The information contained in this report identifies training needs for the state and each area.

MidSOUTH Training Academy conducts an annual review of all curricula and presents recommendations to the Professional Development Team (PDT). The PDT is comprised of staff from the MidSOUTH Training Academy and key DCFS program and policy managers, including the Area Managers, who meet monthly to discuss training needs of staff.

The Family Protection Division of Arkansas State Police (FPD) is also included in the contract with MidSOUTH Training Academy for initial and in-service training. The FPD also has in-house training and utilizes training conferences and other professionals for staff training.

The lists of basic competencies for hotline operators and supervisors and investigators/special agents are attached.

MidSOUTH Training Academy maintains a web site that is accessible to all staff. The web site lists the upcoming training events and registration information. It offers lists of various training and information available to staff. In addition, staff are notified monthly of on-going training opportunities throughout the state.

Attachments 28 - 43

Training on the Adoption and Safe Families Act (ASFA) was held statewide in the fall of 2000 for DCFS staff, CASA volunteers, Guardian ad Litems, judges, and court staff. This training was a collaborative effort of the Administrative Office of the Courts (AOC), MidSOUTH Training Academy and DCFS.

### **Focus Group Input**

Input generally indicated that new worker training is practical, helpful and a foundation for assuming a caseload. Area Managers note continuing improvement in the curriculum. Several comments were received from staff:

- . a period in the field prior to training would be beneficial.
- . more time in the office between sessions would be useful.
- . some staff experienced information overload in the previous classroom training model.
- . there is a need for more “how to” and hands on training.
- . some staff with social work degrees suggest they should be exempt from some portions of the training.
- . others state a person must be able to translate theory into real world skills.

Comments on supervisory training vary. Those supervisors new to child welfare find basic supervisory training helpful. Others think three weeks of training is too long.

In-service training in a wide variety of topics is available at the academy sites and at closed circuit video sites. Some workers commented that they are required to attend some mandatory sessions which are not directly related to their jobs. Others commented that they are not able to attend due to workload requirements and time restraints. Training sessions on “individualized case plan, ASFA, CHRIS, how to interview sexually abused children” are mentioned as most informative.

There were requests for separate training for Health Service Workers, Independent Living Coordinators, investigators and program coordinators. Some workers request additional training on CHRIS after the worker has been in the field.

### **Conclusions:**

Training is generally effective in preparing Family Service Workers with the preliminary knowledge and skills for their job responsibilities. It is a competency-based curriculum that includes both policy and skills. The training curriculum needs to be expanded to enable staff to develop their practice skills. A new model is currently being piloted that would combine shorter classroom instruction with on-the-job training and mentoring. If effective, the new model will be adopted.

DCFS needs to examine supervisory training and training for specialized staff.

The Statewide Assessment Team recommended that DCFS explore the concern staff expressed that in-service training is available but, due to workload demands and time restraints, they are unable to attend. The Team noted the success of the collaborative effort of AOC, DCFS and MidSOUTH Training Academy in providing ASFA training statewide and recommended that DCFS continue to work with AOC and MidSOUTH to examine other possible training collaborations.

2. Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.

## **Descriptive Information**

DCFS contracts with MidSOUTH Training Academy to purchase training for adoptive parents and foster parents (both relative and non-relative). Thirty hours of mandatory pre-service training is provided as part of the foster/adoptive home approval process.

Child Welfare League of America's FosterPride/Adopt Pride curriculum is used. Training consists of ten (10) three-hour sessions delivered over a ten-week period either in the evening or on a Saturday. Foster parents and adoptive parents participate in this pre-service training together. Evening and Saturday sessions accommodate working parents at locations around the state. In addition to the five- (5) training academy locations, each Area Manager finds convenient locations in order to reduce required travel time.

There are several sources of training for foster parents to meet their annual in-service training requirement of 15 hours. The MidSOUTH Training Academy continuing education offerings are open to foster parents. Foster parents receive continuing education bulletins listing sessions specifically developed for foster parents. Foster parent networks in various areas hold monthly meetings and arrange for training during those meetings. DCFS and Arkansas Action for Foster Children sponsor an annual foster parent conference. Foster parents can earn 12 training hours during the two-day conference. Additionally, each DCFS Area hosts a one-day foster parent conference where six hours of training are offered.

DCFS has not historically developed training for the staff of child care institutions. In many DCFS contracts for residential and therapeutic foster care providers, training is included as a line item in the budgets. MidSOUTH Training Academy has a list of the licensed child care facilities where DCFS places children and sends them notification of upcoming training. MidSOUTH Training Academy accumulates data on staff from facilities who attend training.

The DCFS County Supervisor administers the Individual Training Needs Assessment individually with foster parents. The assessment is based on the competencies in the Foster/Adopt Pride curriculum and is used to determine future training needs. MidSOUTH Training Academy prepares an annual report of the ITNA assessment results of foster parents trained during the year and identifies the training needs by area and statewide.

Attachments 44 - 48

## **Focus Group Input**

Some prospective foster parents describe pre-service training as effective and an overall preparation for working with foster children. Others describe the training as unrealistic or not specific to the types of children that DCFS serves. Some prospective foster parents and adoptive parents enjoy the combined training, while others would prefer training to be separate. One prospective adoptive parent described pre-service training as geared to foster care and less to adoption. Some seasoned DCFS staff and foster parents expressed a preference for the NOVA curriculum which was previously used.

While in-service training is available to foster parents, and they receive the in-service training schedules in advance, many appear to have logistical problems such as the distance to training sites, child care arrangements, needing to take time off from work if training is during working hours. The annual statewide foster parent conference is well received. Foster parents also appreciate the area conferences. A few foster parents questioned the need for training. Others would like to have further training in dealing with the foster child's grief process, in anger management (to help deal with the child's anger), and in understanding what the child

experiences when entering foster care.

### **Conclusion**

DCFS has a quality system for pre-service training of prospective foster and adoptive parents. The Division also has many opportunities for in-service training but may need to examine a systemic way to address specific training needs of foster parents. DCFS should develop some uniform training for staff of childcare institutions, although contracts should also continue to include funds for providers to also provide training to their staff.

The Statewide Assessment Team recommends that foster parent training include information on parenting children with special needs, disabilities and behavior problems, and that DCFS explore mentoring for foster parents. The Team also recommends that DCFS examine the pre-service training curricula to assure the best possible training is being provided.

### **E. Service Array and Resource Development**

1. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.



## **Descriptive Information**

DCFS provides some services directly, such as casework services, family support, foster care services, and, in one area, Intensive Family Services. DCFS also purchases a number of placement services for children who are in foster care placement including therapeutic foster care, emergency shelter, residential treatment, comprehensive residential treatment, supportive living and inpatient psychiatric hospitalization. These services are designed to serve the child in placement and meet his specific needs. DCFS utilizes community services and also purchases services to address family problems, including the following:

**Parenting Education Support Groups** - to teach clients appropriate parenting skills and an enhanced knowledge of child/adolescent behavior. Training is given on child development, behavior management, and self-esteem. Currently, this service is underutilized and efforts are underway to insure that more referrals are made. In-Home Parenting served 581 families\*, and parenting education served 71 families.

**Supervised Visitation** - a worker is physically present during court-ordered or agency-referred visitation between children and their siblings, parents, or guardians and is able to observe, direct, and intervene if necessary and be available to testify in court as to the quality of interaction and other events during the visit. 23 families were served.

**Lay therapy** - a service provided by trained volunteers who work with very small caseloads (2-3 families) to provide services in the home designed to assist parents with issues of child development, anger control, behavior management and parenting skills. Lay therapy is available in nine counties and served 289 families.

**Intensive Family Services (IFS)** - A mixture of in-home counseling and support services intended for families with multiple and severe problems whose children are in imminent risk of an out-of-home placement or have already experienced an out-of-home placement and reunification is planned. The service is aimed at ensuring the safety of family members while helping the family learn how to stay together successfully. Services are family-centered, behaviorally oriented, immediate, intensive, and short-term. Services were provided in 34 counties throughout the state. DCFS provides IFS directly through staff in Pulaski County.

**Counseling Services** - Services based on a family-centered approach and intended to strengthen family functioning. Counseling Services encourage families and individuals to build upon their existing strengths, to develop capacities to meet their needs, and to acquire new skills. Services may include problem identification and resolution; identification of feasible goals; emotional support and guidance; provision of basic skills for functioning in the community; exploration of possible alternative behavior patterns; and development and strengthening the capacity for personal and social functioning. Services may be in-home or office-based. Counseling Services are intended for families whose children are at risk of an out-of-home placement or have experienced an out-of-home placement and reunification is planned.

**Treatment for Adult Perpetrators of Child Sexual Abuse** - Group therapy for adult perpetrators of child sexual abuse that focuses on issues that may have contributed to the sexual abuse of children. Contract services were provided 18 counties located across the state.

**Language and Deaf Interpreter Services** - To provide interpretation and translation of foreign languages for DCFS client families or interpretation for deaf clients. Services are provided for DCFS staff, DCFS clients, court personnel, and casework-related resources. Services are available statewide.

**Respite Care Services** are provided to client families in order to prevent a disruption in a biological family, foster family, or adoptive family. Services are provided in seven counties and in Area VIII.

**The Latchkey Children Initiative** – A collaborative effort between DCFS and local school districts to provide a safe, structured, academic before- and after-school environment for children in kindergarten through 6<sup>th</sup> grades.

**The School-based Human Service Worker Initiative** – A collaborative between DCFS and 19 local school districts which places case workers in the schools to help children and families. The objective of the initiative is (1) promoting safety and strengthening of our future, our children, (2) supporting the community's capacity to produce children who are healthy, children who are in supportive, nurturing, and healthy families, and children who succeed in school; and (3) promoting the Division's family preservation philosophy.

**Family Resource Centers** provide support services to DCFS clients and other families. This support consists of job skill training, housing location, resource referral, and seminars related to improving life in the community. Family Resource Centers exist in areas that lack adequate economic and social resource. The families in the community have a strong impact on the resources that are available for them. Centers are located in eight counties.

**Support groups for victims of child sexual abuse** – Group counseling in weekly sessions for child sexual abuse victims. The group is open to any child or adolescent who has been sexually abused. Services are provided in six areas and three counties.

**Drug Assessments** – Assessment to determine usage of illegal drugs or alcohol that would impact the safety and well being of children is based on either a court order or a DCFS referral. It must be performed under controlled circumstances and within specific timeframes.

**Home Studies** – A study completed by a licensed social worker to assess the suitability and safety of a home before approving the placement of a child. Collateral contacts are made, and a recommendation is given to DCFS and the court as to whether the placement is supportive of the child's safety and well being.

**Alternative Kinship Caregiver Support Group** – Offers preventive and intervention services to kinship caregivers to help reduce risk factors for the children in their custody. Support given to children and caretakers includes resource identification, behavior modification, reunification support, legal advice, and counseling. This program is being piloted in Pulaski County.

**Psychological Evaluations** - Provided to DCFS referrals to determine the emotional suitability of a caretaker. Activities include the administration and interpretation of appropriate psychological tests. Services are used to prevent out-of-home placement and promote reunification of families.

**Family Unification Program – (FUP)** provides Section 8 housing assistance to eligible families whose children are at imminent risk of placement into foster care or delayed in returning home from foster care, when housing problems are a primary, though not necessarily the only, factor. FUP certificates can be used to prevent initial foster care placements and to facilitate the reunification of children with their families.

DCFS' Quality Assurance function is responsible for programmatic contract monitoring of residential treatment and supported living contracts. QA staff visit the facility, read case records and interview staff. These reviews determine whether the contractor is achieving the performance required by the contract and monitor the achievement of improvements emerging from prior reviews in which deficiencies were identified.

The SFY 1999 evaluation of Intensive Family Services noted the number of IFS services had increased, served a greater number of children and families, reduced the demand or need for other services, and reduced the rate of child maltreatment. It reported that IFS was far less costly than foster care.

\* All client figures are for FY' 2000

### **Focus Group Input**

All Focus Groups were asked questions about the existence of preventive, reunification and permanency services, the effectiveness of the services and the accessibility of the services.

The input indicated that services exist throughout the state, but not uniformly. Larger counties tend to have more services. There is a need for more local services, especially in smaller and more rural counties where the distance to access services and, often, lack of transportation is an issue. Another access issue that was mentioned was some providers' hours of service.

There was statewide a sense that staff, foster parents and parents need to have more information about available services and community resources. Several focus groups also mentioned problems with Medicaid. These problems included a couple of concerns expressed about delays in eligibility determination (one when a child is in foster care and one when a child returns home from foster care) and the need for more Medicaid providers including dentists.

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- . Emergency foster homes are needed.
- . A suggestion was made that a level of care system is needed.
- . Many focus groups expressed a need for more therapeutic foster care and increased residential and emergency shelter capacity.
- . It was also mentioned that better discharge planning and support is needed when a child leaves a residential placement.
- . The need for increased and accessible mental health services was mentioned in 15 different focus groups across the state.
- . Transportation, including after-hours and weekend transportation, was a need expressed in eleven different Focus Groups.
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There were a number of other service needs suggested by individuals in focus groups, such as services for mothers of children in foster care who are exiting prison, support for kinship placement, and homeless shelters.

## **Conclusion**

There is an array of services designed to help children safely and appropriately return to families from which they have been removed. Not all services are readily available everywhere in the state, and there are additional services that are needed or existing services that are needed in greater quantity. DCFS needs to create a resource development capacity to identify needed services and plan to meet those needs.

2. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide preplacement preventive services designed to help children at risk of foster care placement remain safely with their families.

## **Descriptive Information**

DCFS provides some services directly, such as casework services, family support, foster care services, and, in one area, Intensive Family Services. DCFS also purchases a number of placement services for children who are in foster care placement including therapeutic foster care, emergency shelter, residential treatment, comprehensive residential treatment, supportive living and inpatient psychiatric hospitalization. These services are designed to serve the child in placement and meet his specific needs. DCFS utilizes community services and also purchases services to address family problems, including the following:

**Parenting Education Support Groups** - to teach clients appropriate parenting skills and an enhanced knowledge of child/adolescent behavior. Training is given on child development, behavior management, and self-esteem. Currently, this service is underutilized and efforts are underway to insure that more referrals are made. In-Home Parenting served 581 families\*, and parenting education served 71 families.

**Supervised Visitation** - a worker is physically present during court-ordered or agency-referred visitation between children and their siblings, parents, or guardians and is able to observe, direct, and intervene if necessary and be available to testify in court as to the quality of interaction and other events during the visit. 23 families were served.

**Lay therapy** - a service provided by trained volunteers who work with very small caseloads (2-3 families) to provide services in the home designed to assist parents with issues of child development, anger control, behavior management and parenting skills. Lay therapy is available in nine counties and served 289 families.

**Intensive Family Services (IFS)** - A mixture of in-home counseling and support services intended for families with multiple and severe problems whose children are in imminent risk of an out-of-home placement or have already experienced an out-of-home placement and reunification is planned. The service is aimed at ensuring the safety of family members while helping the family learn how to stay together successfully. Services are family-centered, behaviorally oriented, immediate, intensive, and short-term. Services were provided in 34 counties throughout the state. DCFS provides IFS directly through staff in Pulaski County.

**Counseling Services** - Services based on a family-centered approach and intended to strengthen family functioning. Counseling Services encourage families and individuals to build upon their existing strengths, to develop capacities to meet their needs, and to acquire new skills. Services may include problem identification and resolution; identification of feasible goals; emotional support and guidance; provision of basic skills for functioning in the community; exploration of possible alternative behavior patterns; and development and strengthening the capacity for personal and social functioning. Services may be in-home or office-based. Counseling Services are intended for families whose children are at risk of an out-of-home placement or have experienced an out-of-home placement and reunification is planned.

**Treatment for Adult Perpetrators of Child Sexual Abuse** - Group therapy for adult perpetrators of child sexual abuse that focuses on issues that may have contributed to the sexual abuse of children. Contract services were provided 18 counties located across the state.

**Language and Deaf Interpreter Services** - To provide interpretation and translation of foreign languages for DCFS client families or interpretation for deaf clients. Services are provided for DCFS staff, DCFS clients, court personnel, and casework-related resources. Services are available statewide.

**Respite Care Services** are provided to client families in order to prevent a disruption in a biological family, foster family, or adoptive family. Additional family benefits included the following: allowing the family to engage in daily activities thus decreasing their feelings of isolation; providing the family with an opportunity for rest and relaxation; improving the family's ability to cope with daily responsibilities; maintaining the family's stability during crisis situations; helping preserve the family unit by decreasing the pressures that might lead to divorce, institutionalization, abuse or neglect; and making it possible for people to establish an individual identity and enrich their lives. Services are provided in seven counties and in Area VIII

**The Latchkey Children Initiative** – A collaborative effort between DCFS and local school districts to provide a safe, structured, academic before- and after-school environment for children in kindergarten through 6<sup>th</sup> grades.

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**Psychological Evaluations** - Provided to DCFS referrals to determine the emotional suitability of a caretaker. Activities include the administration and interpretation of appropriate psychological tests. Services are used to prevent out-of-home placement and promote reunification of families.

**Family Unification Program – (FUP)** provides Section 8 housing assistance to eligible families whose children are at imminent risk of placement into foster care or delayed in returning home from foster care, when housing problems are a primary, though not necessarily the only, factor. FUP certificates can be used to prevent initial foster care placements and to facilitate the reunification of children with their families.

DCFS' Quality Assurance function is responsible for programmatic contract monitoring of residential treatment and supported living contracts. QA staff visit the facility, read case records and interview staff. These reviews determine whether the contractor is achieving the performance required by the contract and monitor the achievement of improvements emerging from prior reviews in which deficiencies were identified.

The SFY 1999 evaluation of Intensive Family Services noted the number of IFS services had increased, served a greater number of children and families, reduced the demand or need for other services, and reduced the rate of child maltreatment. It reported that IFS was far less costly than foster care.

\* All client figures are for FY' 2000

### **Focus Group Input**

All Focus Groups were asked questions about the existence of preventive, reunification and permanency services, the effectiveness of the services and the accessibility of the services.

The input indicated that services exist throughout the state, but not uniformly. Larger counties tend to have more services. There is a need for more local services, especially in smaller and more rural counties where the distance to access services and, often, lack of transportation is an issue. Another access issue that was mentioned was some providers' hours of service.

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There were a number of other service needs suggested by individuals in focus groups, such as Services for mothers of children in foster care who are exiting prison, support for kinship placement, and homeless shelters.

## **Conclusions**

There is an array of preplacement preventive services designed to help children at risk of foster care placement remain safely with their families. Not all services are readily available everywhere in the state, and there are additional services that are needed or existing services that are needed in greater quantity. DCFS needs to create a resource development capacity to identify needed services and plan to meet those needs.



3. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.

## **Descriptive Information**

The number of children placed with adoptive families and the number of finalized adoptions continue to increase. In SFY 2000 there were 352 children placed for adoption, compared to 305 children in SFY 1999. Twenty-six disruptions occurred in SFY 2000, compared to 9 disruptions in the 1999. The foster parent adoption rate has increased, as has the number of children free for adoption since the implementation of the Adoption and Safe Families Act (ASFA).

Recruitment activities for adoptive families are more consistent as a result of adoption incentive money received each year since 1998. Multi-media advertisements are purchased for general and child specific recruitment activities. DCFS uses a computer matching system to identify prospective adoptive families for children. The DCFS Adoption web site is a part of the National Adoption Center's Faces of Adoption web site. The Division has participated in the National Adoption Poster Project since it was implemented and utilized the CBS adoption recruitment special, "A Home for the Holidays."

DHS/DCFS adoption staff continue to conduct recruitment activities such as information booths, television and radio interviews, newspaper articles, adoption fairs/picnics, networking with clubs, organizations, churches. Staff has recently been trained to identify during the concurrent planning process significant persons in a child's life who may be considered as a permanent family.

Adoption staff received training and technical assistance on adoptive home recruitment in March 2001 from the National Resource Center on Special Needs Adoption. A statewide recruitment plan will be developed which focuses on the need for homes for African-American children and teenagers. DCFS staff will be working with the CASA program and the faith community on an initiative called Faith Communities in Action for Children, based on the One Church One-Child Program, and designed to recruit volunteers, foster parents and adoptive parents.

Four contracts are in place statewide for a second year to do adoption home studies on families and adoption summaries on children. Therefore, more time is being freed for Adoption Specialists to recruit adoptive families. Efforts are underway to increase post adoption services with the assistance of adoption incentive money. New services are to include an adoption support group in each area, an adoption resource library in each area, a statewide newsletter, and training opportunities for adoptive families. A support group has been organized in 4 Areas of the state. Planning is underway for support groups in an additional four areas. The Division is currently surveying adoptive families, who receive subsidy, to determine what post adoption services are needed.

An effort is also underway to assess barriers to adoption of waiting children. Strategies will be developed and implemented to address those barriers. If a barrier involves resources, local and state Resource Development Committees will be utilized in acquiring those resources.

Adoption Coordinator's Logs identified 170 families approved and waiting for available children (72% Caucasian, 24% African-American and 4% other). Adoptive parent training is documented in training records at the MidSOUTH Training Academy.

Another permanency services DCFS offers is the Independent Living Program (ILP). If approved, a youth participating in the Independent Living Grant Program may request to move into the child's own place of residence.

Data on youth served during FFY Year 2000 include:

Number of youth served:	<u>551</u>
A. Age 20+.....	6
B. Age 19 .....	22
C. Age 18 .....	77
D. Age 17 .....	143
E. Age 16 .....	132
F. Age 15-14.....	171

Life skills training was provided for 185 youth. Some of the life-skills topics covered in workshops – Finance/Money Management, Vocational Planning, Parenting, Health and Hygiene, Personal Appearance, Nutrition, Housing, Team Building, Self-Esteem, Legal Issues, Job Search/Vocational Planning, College Preparation, Drugs, STD's/Sexual Awareness, Conflict Resolution, Community Resources.

#### Attachment 49

Each child, age sixteen or older, is assessed every six (6) months to determine the progress in acquiring basic life skills. DCFS provides, either directly or through contract, those services identified in the assessment that are necessary to help the child achieve independence. Initial assessments were administered to 218 teens during FFY' 2000, and a total of 262 were reassessed.

### Focus Group Input

The following needs were expressed:

- . Need for more adoptive homes for children of color.
- . Need for increased communication between Adoption Specialists and caseworkers in some areas
- . Need for more post-adoption services
- . Need for increased independent living services.

### Conclusion

DCFS has been effective at providing services to help children be placed for adoption or in other planned permanent living arrangements. DCFS needs to continue their efforts to recruit adoptive homes for children of color and increase post-adoption and independent living services, including services for adoptive parents of children with special health care needs. These additional improvements would serve to make the system even more effective.

4. Describe the extent to which all the services in items 1–3 above are accessible to families and children on a statewide basis.

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Attachments 50 - 51

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## **Conclusion**

Not all services are available and accessible statewide. DCFS needs to create a resource development capacity to identify needed services and plan to meet those needs



## **F. Agency Responsiveness to Community**

1. Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.

### **Descriptive Information**

In developing the Child and Family State Plan (CFSP) FFY's 2000 – 2004, DCFS collaborated with key field, administrative central office staff and community providers. Community providers included a representative from a SCAN agency and staff from a Family Resource Center. The planning process produced overarching goals that address prevention, protection, permanency, training, and staff retention.

As part of the Angela R. Settlement Agreement of October 1994, the Division is responsible for developing an annual plan that identifies priority tasks DCFS plans to accomplish. The Division conducted a planning meeting on June 25<sup>th</sup> and 26<sup>th</sup> of 2000 with key program staff within the agency and stakeholders from the community. To assist in the identification of goals and objectives and the development of the Angela R. Compliance Plan, attendees were provided a copy of the recent Annual Progress and Services Report (APSR) update and the draft Chafee Foster Care Independence Plan. The outcome of the meeting was the Angela R. Compliance Plan for SFY 2001 that noted the results of the external evaluation, the CFSP five year plan goals, objectives and tasks, and the draft Chafee plan. The plan was distributed to all attendees for review and comment. Input received was utilized to finalize the plan and to insure that services reflect stakeholders concerns and needs.

The stakeholder attendees included the following:

- A TEA Coalition member,
- Three university staff contracted to provide training and mentoring services,
- A medical service provider,
- Therapeutic Foster Care program director,
- Mental Health Council member,
- Staff from Developmental Disability Services and Mental Health,
- Staff from the Arkansas State Police, Family Protection Unit
- A foster parent and
- Key program staff from the Division.

On-going APSR Planning Efforts - In an effort to determine progress, the Planning Unit monitors all tasks on a semiannual basis based on information staff submit to determine the following:

- a) The status of each task described in the CFSP.
- b) The date the task was completed.
- c) A brief explanation of activities involved during the reporting period for each task with documentation attached, e.g. notes of meeting, draft policies developed etc.
- d) Barriers to accomplishing the tasks.

e) Changes to the plan including revisions of task descriptions, or objectives.

ILP Planning Efforts - Two recent meetings have been conducted with Division staff and stakeholders to identify issues with the ILP program. This effort identified common needs of field staff; developed strategies for short and long-range planning; catalogued the strategies into areas such as training, policy, and service needs, and prioritized the strategies. Attendees included Family Service Workers, Supervisors, Area Managers, ILP Coordinators and key central office program staff. There will be additional planning meetings conducted to develop time frames, identify staff assistance and assist in formalizing the plan. At these meetings, the Division plans to invite consumers and key community stakeholders, youth, facility or residential staff, foster parents, and an ILP sponsor.

Needs Analysis -A Needs Analysis was completed by staff from the DHS Director's Office in May of 2000. Groups surveyed included:

Group Surveyed	Mailed	Responded	% Responded
Biological Parents	5,720	335	6
Foster Parents	822	109	13
Adoptive Parents	640	72	11
Schools	313	118	38
Providers	117	46	39
Legislators	79	6	8
Juvenile Judges	33	9	27
Attorney Ad Litem	89	14	15
CASA	13	3	23
Family Protection Unit	19	6	32
Total	7,920	740	

All field staff of the Division was surveyed, and 25 responded to the survey. The report lists overall findings, service needs, services needed but not available, top target populations, FINS services needed, ILP services needed, and needs in other areas of case management, communications, and administration. It includes an executive summary and a section for each Division's area.

**Pulaski County Strategic Planning Committee** – This committee has been formed to implement Strategic Planning Process for Pulaski County that will enhance case practice and demonstrate effectiveness of Family-Centered Neighborhood-Based Practice. This Committee consists of DCFS Area Administrator, supervisors, Family Service Workers, ASP staff, foster parents, SSAILs, providers, judges, OCC attorneys, neighborhood partners, advocates. Some of the tasks include conducting strategic planning process to identify system strengths and weaknesses and barriers to good case practice, developing a county Strategic Plan, creating “peer-to-peer” opportunities for DCFS staff with effective systems including, for example, community child protection sites and localities implementing family centered neighborhood based practice around the country.

## **Conclusion**

DCFS has been effective in meeting the requirement to consult and coordinate with community stakeholders in the development of the Child and Family Service Plan and other planning initiatives. The Division will continue to expand stakeholder involvement. A number of planning efforts with stakeholder involvement are underway: the Pulaski County Strategic Planning Committee, Together We Can, the Pulaski County Mental Health Collaborative, the state Foster Child Mental Health Collaborative, CASSP, quarterly meetings with Juvenile Judges, an annual statewide meeting with Juvenile Judges, and Faith Communities in Action for Children, based on the One Church, One Child program, which is being developed in conjunction with the state CASA office and the faith community.

2. Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.

## **Descriptive Information**

Various DCFS policies require coordination of services with those of other agencies. DCFS will fully cooperate and participate in multi-disciplinary child maltreatment response and will Release all information as requested on true reports, except the name of the reporter, to multi-disciplinary teams.

**POLICY (II-E;E5): COUNTY OFFICE ASSESSMENT OF CHILD MALTREATMENT REPORTS** **PROCEDURE (II-E8): Follow-up with Mandated and Other Reporters.** The Family Service Worker will notify the Prosecuting Attorney of Child Maltreatment determination and will notify the Local Education Agency (LEA) of Child Maltreatment” if the determination is true on a school-aged child.

**PROCEDURE (IV-B1): Case Staffings**

The Family Service Worker will invite supervisors, parents, or guardian, and if there is court involvement, Court-Appointed Special Advocate (CASA), all parties’ attorneys, foster parents, caretaker, age-appropriate child, and any other involved party in the case plan.

**PROCEDURE (V-A1): Services to Preserve Families in Their Homes**

The Family Service Worker will consider resources for the family within DCFS, other DHS Divisions, state agencies, and in the community and will make a referral to another Division or community resource, if appropriate.

### **Professional Development Team (PDT)**

Monthly meetings are held with the MidSOUTH Training Academy staff, university partners and key program and policy managers of the Division to discuss the training needs of staff.

Attachment 52

**Multidisciplinary Team (MDT)**

DHS and DCFS entered into an agreement with the Arkansas Commission on Child Abuse, Rape & Domestic Violence to establish Multidisciplinary Teams. The Multidisciplinary Teams are designed to insure coordinated investigation and assessment of alleged severe child maltreatment. Some of the duties include review of pending and true reports, on-going consultation, identification of support services needed, and assistance in developing a comprehensive plan of treatment. Identification of any barriers to service delivery and recommend solutions to overcome barriers, communicating the recommendations and advocating for the development of needed resources in the community. Representatives include the following; Prosecuting Attorney's Office, DCFS staff, ASP staff, local law enforcement, CASA representative, local schools, Health Department, local medical and mental health, juveniles services and other agencies as needed. There are 30 MDT teams located throughout the state.

**Court Appointed Special Advocate (CASA)**

The Division of Children and Family Services entered into a Mutual Agreement Of understanding with Court Appointed Special Advocates (CASA) to work together in a collaborative effort to ensure safety and permanency for abused and/or neglected children in Arkansas. Currently there are 16 independent CASA programs throughout the state.

**Child and Adolescent Service System Program - (CASSP)**

The Child and Adolescent Service System Program was established for treating children with emotional disturbance in a coordinated service delivery system. A Regional CASSP team has been established in each community mental health center catchment area. Representatives include staff from the Community Mental Health Centers, the Division of Developmental Disabilities, the Division of Children and Family Services and the Division of Alcohol and Drug Abuse Prevention Services; the Department of Health; and the Department of Education/Special Education.

**Court Improvement Project, Supreme Court Committee on Foster Care and Adoption –**

DHS has three representatives on this committee.

DCFS also coordinates with:

- **Therapeutic Foster Care Providers**

DCFS attends regular monthly meetings of TFC providers and has invited the providers to special planning meetings.

- **Together We Can – (TWC)**

The Together We Can program coordinates individualized services for children, ages birth to 18 years who have multiple needs. These services support the family unit and help prevent children from being removed from their communities or assist in reunification of children with their families. In serving these children, many agencies work cooperatively together to offers services and supports. These agencies include Departments of Education and Health and DHS Divisions Mental Health, Developmental Disabilities Services, Children and Family Services, Youth Services, County Operations, Medial Services and Administrative Services. A local TWC Team coordinates referrals of families in need of services. The local team may include

parents, foster parents, a representative from the local LEA, professionals from any of the participating Departments and Divisions. There are currently local TWC teams in 23 counties.

#### Attachment 53

- **Mental Health Collaborative**

The Division of Children and Family Services in cooperation and participation with the Division of Mental Health developed agreements with 13 Community Mental Health Centers for timely and basic services to be offered to all children in the custody of the Division. These services include assessment/evaluation, counseling and case management services, with a provision for joint planning for other needed services. A statewide mental health collaborative has been formed to plan for mental health services for foster children. A similar collaborative has been formed for Pulaski County.

- **Transitional Employment Assistance Coalition – (TEA)**

TEA services are provided to assist to needy families with children to promote independence by providing job preparation and other services or assistance necessary to enable the family to become self-supporting. Local TEA Coalitions can provide funding for employment, education, training, and social service programs. Membership in the Coalition includes community leaders, providers, and representatives of the Chamber of Commerce, DHS, a community development organization, the business community, and a grassroots or economic development organization.

### **Focus Group Input**

Focus groups articulated a need to have a clear understanding services being delivered and each person's or agency's roles and responsibilities in serving children and families. There was some recognition that workers' caseloads and lack of placements might have an impact on the coordination efforts between agencies.

One area indicated that coordination of mental health needs for children and families was getting better. Two areas identified specific community groups that assist in working with children and families, e.g. MDT's, Together We Can. Several area staff and stakeholders recognized the need for better understanding and coordination of developmental disability services. Stakeholders noted that coordination worked better in some counties or with some DCFS supervisors.

Comments were also made suggesting improvements including the following;

- The Pulaski County Strategic Planning Committee suggested that there was a need to train and provide information to staff on the resources available in the community as cash assistance was limited.
- One area focus group stated that DCFS coordinates with other agencies and providers, but there was a need for stricter guidelines requiring follow-up of services.
- In some areas, a concern was expressed that coordination with the education community needs improvement.
- DCFS needs to improve collaborations with other agencies.

## **Conclusion**

DCFS had good collaboration in some areas of the state, but needs increased coordination in many areas. A number of focus groups indicated a need for agencies to know and understand each other's services. DCFS needs to increase its collaborative efforts with other agencies and develop guidelines for staff.

3. Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?

## **Descriptive Information**

DCFS use state and federal dollars to fund programs for clients who come to the attention of the Division. Clients enter the services system at any point based on their need for services. DCFS staff provides case planning, referral and case management services casework. The Division approves and supervises foster homes. An array of services are purchased from child welfare agencies, private psychiatric hospitals, community-based agencies, universities, other state divisions, licensed individuals, and hospitals. Services range from prevention to adoption or other permanent living situations.

### Purchased Child Welfare Services include the following:

- Statewide comprehensive medical exams for foster children through a contract with the University of Arkansas for Medical Sciences Department of Pediatrics.
- DCFS has a contract with MAXIMUS, Inc to research eligibility information and to provide targeted case management claims processing and administration services. The Eligibility Unit manager QA's every DCFS eligibility case determination.
- Therapy, diagnosis and assessment services for adolescent sexual offenders through a contract with the University of Arkansas for Medical Sciences Department of Pediatrics.
- Individual, family, marital and group therapy and various individual and group counseling services from private agencies, mental health agencies, or private practitioners throughout the state.
- Parenting education and support classes.
- Childcare for individuals in alcohol/drug treatment programs.
- Professional language interpreters statewide when serving families that do not speak

English.

- Support groups for children that are sexually abused.
- Supervised visitation.
- Services to disabled children.
- Emergency shelters for children, runaways and teens.
- Therapeutic foster home programs
- Psychiatric residential treatment
- Comprehensive residential treatment, residential treatment
- Respite care
- Independent living.

#### Attachment 55

The Division uses Title IV-B, Part 2 monies for the following:

- Family Preservation (Protection and Support) – Intensive Family Services, Respite Care, Psychological Evaluations, Drug Screening, Paternity Testing wraparound program.
- Family Support: Human Service Workers in the Schools, family resource centers, latchkey children's program, and alternative caregivers' support groups, Intensive Family Services step-down programs, enrichment programs and tutoring services.
- Adoption Support: Home studies, adoption home studies, recruitment and life books, foster parent visitation for finalized adoption, respite care, and adoptive parent training.
- Time Limited Family Re-Unification: Intensive Family Services, substance abuse counseling, substance abuse treatment, psychological evaluation services, and drug screening.
- Arkansas State Police – Family Protection Unit. Pursuant to Act 1240 of 1997, the Department of Human Services and the Arkansas State Police (ASP) entered into a contractual agreement for the Arkansas State Police Family Protection Unit to assume responsibility for the administration of the Child Abuse Hotline and the assumption of child maltreatment investigations. The Family Protection Unit (FPU) is composed of three sections: 1) the Child Abuse Hotline, 2) civilian employees who assess child maltreatment reports, and 3) a law enforcement unit which conducts criminal child maltreatment investigations. The Family Protection Unit maintains an around the clock statewide intake process (The Child Abuse Hotline) for accepting reports of alleged child maltreatment. A uniform protocol is used for screening and prioritizing all allegations of child

maltreatment.

Attachment 56 - 58

### **Focus Group Input**

Staff in the field indicated that transportation was a problem for families to get to and from various counseling and other appointments. Parenting classes need to fit the need of the family. Services need to be available and accessible. More respite care services were needed. Several staff indicated that they needed more information about the services and local community resources in their area. In addition, some of the stakeholder focus groups wanted to know more information about what our agency did as well.

### **Conclusion**

Not all services are available and accessible statewide. DCFS needs to identify those services, which are needed in an area but not accessible or available and plan to meet that need. In addition, more training and coordination with DCFS staff and community stakeholders can assist in not only identifying what is needed but also in identifying what is available and how to access the services and community resources

4. Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.

### **Descriptive Information**

Arkansas has no recognized tribes within the state. DCFS complies with ICWA on a case-by-case basis. In the past year, DCFS placed five Native Americans in foster care.

When a child who is identified as a member of a tribe comes to the attention of DCFS, the child is referred to the DHS Office of Chief Council. That office contacts tribal officials to determine whether or not the tribe will take jurisdiction of the case.

DCFS policy requires that a worker contact the OCC Attorney immediately if there is any indication that a child being placed in foster care, is a member of an Indian tribe. For Birth Parents Relinquishing Infants for Adoption, policy requires compliance with the Indian Child Welfare Act if there is Indian ancestry in either parent's family. Adoption policy requires compliance with the Indian Child Welfare Act, if applicable.

### **Conclusion**

Arkansas has no recognized tribes within the state. DCFS complies with ICWA on a case-by-case basis.



## **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

1. Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.

### **Descriptive Information**

DCFS published sections 100 and 200 of the Minimum Licensing Standards for Child Welfare Agencies in Pub. 022, Standards for the Approval of Family Foster Homes. Division foster homes must meet these standards to be initially approved and must continue to meet them annually to continue as foster parents. Child Welfare Licensing Specialists conduct monitoring visits to each type of licensed child welfare agency to ensure continued compliance with the standards specific to the type of facility. All currently licensed agencies are operating in substantial compliance with licensing regulations.

Assessment of foster (relative and non-relative) and adoptive home compliance with standards has several levels of review. DCFS contracts with the MidSOUTH Training Academy to assess prospective DCFS foster parents' eligibility for approval which includes meeting minimum licensing standards. Contracted re-evaluators conduct re-evaluations. County Supervisors review and approve studies of prospective foster homes. DCFS Adoption Specialists determine the eligibility of prospective adoptive families. Adoption Supervisors review the studies of prospective adoptive families submitted for approval for compliance with standards.

In anticipation of licensure application, some pre-reviews of the agency's records have been conducted for self-assessment. DCFS plans another review prior to application for licensure in June 2001.

Attachment 59 - 61

### **Focus Group Input:**

- During the focus group meetings with Foster parents, most indicated they had the Handbook for Foster Parents. Some indicated that they might not have a copy of the Standards for Approval for Foster Parents. There were comments from foster parents indicating that they would like a certificate of training and approval and an I.D. card. Several indicated that they would have a clearer understanding of the Standards if there was specific training that addressed them.
- Most providers acknowledged receipt or knowledge of Minimum Licensing Standards for Child Welfare Agencies.
- The pressure of needing placements should not take precedent over the safety of a child.
- There is a conflict between DHS policy and standards but that is getting resolved.
- Some foster parents want licensed group homes back.

### **Conclusion**

The state has been effective in meeting the requirements to establish and maintain standards for foster family homes, adoptive homes and child care institutions. Standards revised to

reflect ASFA and safety concerns are currently being promulgated.

The Statewide Assessment Team recommended that DCFS pursue the idea of a paper certificate of training and approval and Foster Parent I.D. cards.

2. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.

## **Descriptive Information**

Placement facilities are visited annually and residential facilities are monitored quarterly. Child Welfare Agency Licensing Specialists apply the same set of procedures to similar type facilities. Corrective action procedures are the same for all licensed agencies regardless of the facility type. Any deficiencies are noted in writing on the CFS-521, Licensing Compliance Record. Family Service Workers, Licensing Specialists and the contracted re-evaluators monitor homes.

Division foster homes must meet the Standards of Approval for Foster Family Homes to be initially approved and must continue to meet them for the duration of their service. There are no provisional approvals. The same standards apply for both relative and non-relative foster care providers.

## **Focus Group Results:**

- . Most facility providers and foster parents felt that the standards ensure safety and are enforced. During the meetings, most indicated that the standards are implemented fairly.
- . In a couple of the stakeholder focus groups, the participants indicated a need for foster parents to understand the level of commitment needed in their role to serve foster children in their care.
- . Juvenile Judges noted a need to define whose responsibility it is within DCFS to monitor foster homes.
- . Some foster parents did not understand the annual re-evaluation process.

## **Conclusion**

The state has been successful in applying standards to all placements for children in the state's care or custody. However, foster parents needed more information about standards, training on the role and responsibility of being a foster parent and more understanding of how the standards keep children safe. Previously foster parents were provided a certificate upon completing of the training and receipt of approval as a foster home. DCFS is currently examining the entire foster parent approval process, and we will ensure families receive a certificate.

3. Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of childcare institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?

### **Descriptive Information**

DCFS has historically conducted Central Child Abuse Registry checks on all prospective foster and adoptive families. Since 1995, DCFS policy and licensing standards have required verification of criminal background clearance on prospective foster and adoptive families prior to approval or licensure. DCFS Standards for Approval of Family Foster Homes require prospective foster and adoptive parents and all members of the household fourteen (14) years of age and older to have a criminal background check. Minimum Licensing Standards require that all personnel of licensed agencies have criminal record checks.

Adoption Specialists require a criminal record check through the Arkansas State Police and local law enforcement. If the adult applicants have lived in Arkansas for less than six (6) months, an FBI fingerprint check is completed.

The Licensing Unit conducts a 100% review of private child welfare agencies to ensure the criminal record clearance requirement is satisfied. Files reveal all private licensed facilities are in substantial compliance with standards.

The Quarterly Performance Report for the second quarter SFY 2001 reveals that 67 new foster homes were approved during the quarter. The Central Foster Care Unit verified that Criminal Record checks had been completed in 100% for these homes.

### **Focus Group Input:**

- Speed up background checks; it takes over a month to get a report back.

### **Conclusion**

The state insures that every prospective and adoptive family including those being licensed or approved by private agencies complete criminal background clearance

4. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.

## **Descriptive Information**

In some areas DCFS contracts with private individuals/ or agencies in the community for recruitment. In areas where no recruitment contracts exist, the Family Service Worker or a designee recruits foster homes for the area. Annually, each Area Manager develops a County Foster Parent Recruitment Needs Assessment to identify the kinds of foster family homes needed in the county. If additional foster family homes are needed to reflect the racial diversity of children in the counties are needed, the need is identified in the County Needs Assessment. The assessments are used by the Contracted Recruiters or Family Service Workers to develop a recruitment plan to meet the needs of the county.

The Adoption Specialists recruit prospective adoptive families for the agency with the support of the Central Office Adoption Unit. Recruitment activities have been more consistent as a result of adoption incentive money being received for 1998, 1999 and 2000. Adoption staff use a portfolio with pictures and descriptions of waiting children to enhance child specific recruitment. A computer matching system assists in identifying approved adoptive applicants for waiting children. Approved applicants from within the state and outside the state are registered with the computer matching system.

DCFS maintains a web site and photo listing of waiting children. The web site can be accessed from the National Adoption Center that also operates Faces of Adoption, a national web site. Each of the agency's 26 Adoption Specialists utilizes a photo listing to recruit families for children.

The most recent Quarterly Progress Report for SFY 2001 reveals there were 2,528 children in foster care and 994 foster homes. Of the 2,528 foster children 1,021 (40.38%) of the children are African-American, one 1,456 (57.59%) are White, and 58 (2.29%) are categorized as Other. CHRIS reports there are 949 relative and non-relative foster homes. Of those, 445 (46.8%) are African-American, 502 (52.8%) are White and 22 (2.3%) are Other.

494 children were available for adoption, 270 (54.43%) were White, 220 (44.35%) were African-American and four (4) or less than 1% are categorized as Other. Comparatively, the most recent Quarterly Progress Report for SFY 2001 reveals there are 170 approved adoptive families awaiting a child. Of these, 122 (71.7%) are White, 39 (22%) of the homes are African-American, nine (9) or 5.2% are categorized as other.

## **Focus Group Input:**

University IV-E Partnership interns have assisted in efforts to recruit foster parents. Some staff felt that recruiter/trainers are not doing anything in the counties, and that recruitment needs to go back to the counties because they know what is needed. In some areas of the state, supervisors do the recruitment. There are problems with getting and keeping foster homes.

## **Conclusion**

Data generally supports that the state has been effective in recruiting and retaining foster and adoptive families that represent the ethnic and racial diversity of children in foster and awaiting adoption. There is a special initiative in conjunction with CASA and the faith community to recruit volunteers to work on behalf of children either as foster parents, adoptive parents or in other ways.



5. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.

### **Descriptive Information**

Currently there are 494 children awaiting adoption. Ninety-one (91) inquiries have been registered in the Central Office Adoption Unit on the children who are presently registered on the adoption web site and photo listing. One out-of-state family has been selected for a registered child and pre-placement visits are underway. Another out of state family was selected for another registered child, but due to the child's severe emotional condition, the Interstate Compact office in the family's state will not approve the placement.

Foster parents will adopt approximately fifty percent (50%) of the children. There are 170 approved adoptive applicants to consider children who will not be adopted by foster parents. Six applicants are from out of state.

Policy requires the child's Adoption Specialist to secure a computer listing of approved adoptive applicants within ten (10) working days of the court hearing that terminates parental rights and to request adoption home studies. The Adoption Coordinator in the Central Office Adoption Unit has three (3) working days to respond to this request. The child's Adoption Specialist has ten (10) working days from receiving the adoption home study to determine if recruitment of an adoptive family is needed. If recruitment is needed, the child's Adoption Specialist must send a copy of the child's adoption summary, significant evaluations, photographs and a child's written consent (if the child is ten years of age or older) to appear in recruitment activities. The Adoption Coordinator has five (5) working days to complete the registration for the DHS/DCFS web site and photo listing. Sixty-five (65) children are presently registered.

Adoption Specialists visit with the community in an effort to find out who knows these children and could help find them a prospective home. If a child is attending a church, the Specialist will meet the minister and ask who the significant people are in this child's life who might consider adopting or helping to find a home. The Adoption Specialist attends the concurrent planning meeting and talks with the foster parent, Guardian Ad Litem to find out about significant others who know this child and might consider adopting or help in locating a home. The largest county held an Adoption Event to recruit more families. The Adoption Unit participated in "FACES of Adoption", a national registry of information about children waiting for a home.

Funds from the Adoption Incentive money were provided to Adoption Specialists to find more child specific families, hold Adoption Receptions, develop recruitment tools (pencils, buttons, banners, public service announcements) and other recruitment activities with the emphasis on recruiting more African-American families specifically in Southwest Arkansas. The web site identified a family located out of state to adopt a teenage with emotional problems. The Adoption Unit is currently working with another out-of-state family interested in adopting another teenager with emotional problems. There have been a lot of inquiries form within and outside the state about another 4 year old child with serious medical problems.

The Adoption Unit is involved for the fourth year in the National Adoption Poster Project and is receiving a lot of inquiries about this child. The Adoption Unit participated in a television special on Adoptions that feature celebrities who have been adopted.

**Conclusion**

The state has been successful in recruiting, training and matching families with waiting children freed for adoption

**Section III - Safety and Permanency Data**

I. CHILD SAFETY PROFILE  <i>Arkansas</i>	Calendar Year 1999						Calendar Year 1998						Calendar Year 1997					
	Reports	%	Duplic. Chn. <sup>2</sup>	%	Uniq. Chn. <sup>2</sup>	%	Reports	%	Duplic. Chn. <sup>2</sup>	%	Uniq. Chn. <sup>2</sup>	%	Reports	%	Duplic. Chn. <sup>2</sup>	%	Uniq. Chn. <sup>2</sup>	%
I. Total CA/N Reports Disposed <sup>1</sup>	17,940		24,680		23,854		20,511		29,572				20,115		30,441			
II. Disposition of CA/N Reports <sup>3</sup>																		
Substantiated & Indicated	5,655	31.5	7,451	30.2	7,094	29.7	6,032	29.4	8,578	29.0			3,377	16.8	5,109	16.8		
Unsubstantiated	11,681	65.1	16,401	66.4	15,949	66.9	13,049	63.6	19,235	65.0			7,597	37.8	11,799	38.8		
Other	604	3.4	828	3.4	811	3.4	1,430	7.0	1,759	5.9			9,141	45.4	13,533	44.5		
III. Child Cases Opened for Services <sup>4</sup>			2,530	34.0	2,274	32.1			6,119	71.3					2,896	56.7		
IV. Children Entering Care Based on CA/N Report <sup>5</sup>			1,456	19.5	1,276	18.0			766	8.9					244	4.8		
V. Child Fatalities <sup>6</sup>					6	0.1					5						3	
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Recurrence of Maltreatment <sup>7</sup>					164 of 3662	4.48												



<b>VII. Incidence of Child Abuse and/or Neglect in Foster Care<sup>8</sup></b> (for January-September)					13 of 4530	0.29													

## **Footnotes To Data Elements In Child Safety Profile**

1. The data element “Total CA/N Reports Disposed” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported and received a disposition. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. The data element “Disposition of CA/N Reports” is based on the highest disposition of any child who was the subject of an investigation in a particular report. For example, if alleged maltreatment was investigated for two children, and the State counts the investigation as one report, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated. The disposition for each child is based on the specific finding related to the maltreatment. In other words, of the two children above, one is a victim and is counted under “substantiated,” and the other is not a victim and is counted under “unsubstantiated.” In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report, but not a victim in a second report, the unique count of children includes the child only as a victim. A child is counted as a victim if an alleged maltreatment was either substantiated or indicated. In a number of States “indicated” is used if a child is at risk of maltreatment. With the agreement of the States, NCANDS has included these children as “victims of maltreatment.” The category of “other” includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, or unsubstantiated.
3. The data element “Child Cases Opened for Services” is based on the number of children with a substantiated or indicated finding of maltreatment during the reporting period under review. (The current NCANDS Detailed Case Data Component [DCDC] does not collect service data on unsubstantiated reports. Starting in 2001, States will be submitting data on service responses related to unsubstantiated reports.) “Opened for services” refers to post-investigative services. The duplicated number counts each time a child’s report is linked to ongoing services; the unique number counts a child only once regardless of the number of times services are linked to reports of maltreatment.
5. The data element “Children Entering Care Based on CA/N Report” is based on substantiated and indicated reports disposed during the reporting period under review. (See above note on service data.) The duplicated number counts each time a child’s report is linked to a foster care removal date. The unique number counts a child only once regardless of the number of removals that may be reported.

6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglect-related deaths, such as those caused by motor vehicle or boating accidents, house fires, or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element “Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first 6 months of the reporting period, what percentage had another substantiated or indicated report within a 6-month period? The number of children with a recurrence and percentage of all children are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #1.
8. The data element “Incidence of Child Abuse and/or Neglect in Foster Care” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage was the subject of substantiated or indicated maltreatment by a foster parent or facility staff? The number of children maltreated in foster care and the percentage of all children are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #1.



II. POINT-IN-TIME PERMANENCY PROFILE Arkansas	Federal FY 1999		Federal FY 1998		Federal FY 1997	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Foster Care Population Flow</b>						
Children in foster care on first day of year <sup>1</sup>	2,589		2,490			
Admissions during year	2,489		2,737			
Discharges during year	2,160		2,094			
Children in care on last day of year	2,919		3,138			
Net change during year	+330		+648			
<b>II. Placement Types for Children in Care</b>						
Pre-Adoptive Homes	269	9.2	225	7.2		
Foster Family Homes (Relative)	434	14.9	289	9.2		
Foster Family Homes (Non-Relative)	1,556	53.3	1703	54.3		
Group Homes	0	0	0	0		
Institutions	320	11.0	242	7.7		
Supervised Independent Living	21	0.7	16	.5		
Runaway	167	5.7	58	1.8		
Trial Home Visit	84	2.9	4	0.1		
Missing Placement Information	37	1.3	38	1.2		
Not Applicable (Placement in subsequent year)	31	1.1	563	17.9		
<b>III. Permanency Goals for Children in Care</b>						
Reunification	975	33.4	1,264	40.3		
Live with Other Relatives	146	5.0	179	5.7		
Adoption	806	27.6	320	10.2		
Long-Term Foster Care	194	6.6	230	7.3		
Emancipation	395	13.5	218	6.9		
Guardianship	30	1.0	13	0.4		
Case Plan Goal Not Established	373	12.8	914	29.1		
Missing Goal Information	0	0	0	0		
<b>IV. Number of Placement Settings in Current Placement</b>						
One	902	30.9	1,390	44.3		
Two	644	22.1	696	22.2		
Three	409	14.0	386	12.3		
Four	268	9.2	212	6.8		

Five	164	5.6	131	4.2		
Six or more	527	18.1	316	10.1		
Missing placement settings	5	0.2	7	0.2		
<b>V. Number of Removal Episodes</b>						
One	2,416	82.8	2,938	93.6		
Two	403	13.8	152	4.8		
Three	77	2.6	18	0.6		
Four	12	0.4	0	0		
Five	1	0.0	0	0		
Six or more	1	0.0	0	0		
Missing removal episodes	9	0.3	30	1.0		
<b>VI. Number of children in care 17 of the most recent 22 months<sup>2</sup></b> (percent is based on cases with required computation information)	812	41.6	938	38.2		
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
<b>VII. Median Length of Stay in Foster Care</b> (of children in care on last day of FY)	12.45		12.22			
	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>
<b>VIII. Length of Time to Achieve Perm. Goal</b>						
Reunification/Relative Placement	1,058	1.91	1,293	2.00		
Adoption	241	34.46	38	28.42		
Guardianship	0	0	0	0		
Other	96	13.14	157	10.78		
Missing Discharge Reason	750	7.46	593	5.68		
Missing Date of Latest Removal or Date Error <sup>3</sup>	15	N/A	13	N/A		
<b>Statewide Aggregate Data Used in Determining Substantial Conformity</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>
<b>IX.</b> Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1)	883	83.38	1,082	83.42		
<b>X.</b> Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1)	64	26.02	16	42.11		

<b>XI.</b> Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1)	1,927	68.63	2,209	70.98		
<b>XII.</b> Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2)	263	10.57 New entry 79% Missing 9%	194	7.09 New entry 90% Missing 3%		

\*We designated the indicator “17 of the most recent 22 months” rather than the statutory timeframe for initiating termination of parental rights proceedings at “15 of the most recent 22 months” since the AFCARS system cannot determine the date the child is considered to have entered foster care as defined in the regulation. We used the outside date for determining the date the child is considered to have entered foster care, which is 60 days from the actual removal date.

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP Arkansas	Federal FY 1999		Federal FY 1998		Federal FY 1997	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	833	80.10	1,098	94.09		
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	39	4.7	27	2.5		
Foster Family Homes (Relative)	135	16.2	110	10.0		
Foster Family Homes (Non-Relative)	427	51.3	633	57.7		
Group Homes	0	0	0	0		
Institutions	118	14.2	147	13.4		
Supervised Independent Living	2	0.2	3	0.3		
Runaway	59	7.1	45	4.1		
Trial Home Visit	48	5.8	0	0		
Missing Placement Information	5	0.6	26	2.4		
Not Applicable (Placement in subsequent yr)	0	0	107	9.7		
<b>III. Most Recent Permanency Goal</b>						
Reunification	453	54.4	584	53.2		
Live with Other Relatives	58	7.0	55	5.0		
Adoption	113	13.6	30	2.7		
Long-Term Foster Care	21	2.5	42	3.8		
Emancipation	47	5.6	39	3.6		
Guardianship	7	0.8	1	0.1		
Case Plan Goal Not Established	134	16.1	347	31.6		
Missing Goal Information	0	0	0	0		
<b>IV. Number of Placement Settings in Current Episode</b>						
One	353	42.4	471	42.9		
Two	190	22.8	244	22.2		
Three	104	12.5	141	12.8		
Four	58	7.0	67	6.1		
Five	30	3.6	50	4.6		
Six or more	98	11.8	121	11.0		
Missing placement settings	0	0	4	0.4		



<b>V. Reason for Discharge</b>						
Reunification/Relative Placement	329	66.2	459	73.1		
Adoption	2	0.4	0	0		
Guardianship	0	0	0	0		
Other	9	1.8	30	4.8		
Unknown (missing discharge reason or N/A)	157	31.6	139	22.1		
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
<b>VI. Median Length of Stay in Foster Care</b>	5.65 <sup>4</sup>		6.41 <sup>5</sup>			

#### FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

<sup>1</sup>The FY99 and FY98 counts of children in care at the start of the year exclude 65 and 55 children, respectively. These children were in their first foster care episode on both the last day of the prior year and the first day of that year. During the fiscal year, these children exited care and then re-entered into a second episode of foster care. These children are counted as “Admissions” to foster care for that year, and as “In care on the last day” for the prior year. They were not included in the count for “In care on first day of year” because only the latest record received (i.e., the second episode) determines how the child is counted in the annual file.

<sup>2</sup>We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>Dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/A = Not Applicable

<sup>4</sup> This median length of stay includes 8 children who entered and exited on the same day; excluding these children, the FY99 median length of stay would be 5.98 months.

<sup>5</sup> This median length of stay includes 1 child who entered and exited on the same day; excluding this child, the FY98 median length of stay would be the same, i.e., 6.41 months.



## Section IV - Narrative Assessment of Child and Family Outcomes

### A. Safety

**Outcome S1: Children are, first and foremost, protected from abuse and neglect.**

**Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

**Based on examination of the safety data elements on the safety data profile in section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.**

1. **Trends in Safety Data.** Have there been notable changes in the individual data elements in the safety profile in Section III over the past 3 years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State.

CHRIS was implemented in phases throughout the state beginning in July of 1997 and ending with November of 1997. As indicated in the published Child Maltreatment Report for 1997, there were a number of conversion problems during the year. Therefore, the profiles only reflect a partial year of data. In general, the substantiated reports and child victims were undercounted. Therefore, CHRIS data for the past three years would not be possible to analyze for trends.

As an explanation for the large number of "Other" for 1997, there were an inordinate number of agency overdue reports statewide during 1997. A special effort was initiated in 1998 to clear old reports.

DCFS developed Health and Safety Assessment and Risk Assessment tools in 1999. The Health and Safety Assessment is utilized to assess issues posing an immediate danger to a child. The Risk Assessment is utilized to determine the likelihood of future abuse to a child. These Assessments are tools in a structured decision-making process, and their use does not replace professional judgment.

The Health and Safety Assessment is completed in conjunction with the child maltreatment assessment, and is designed:

- To identify factors in the home which affect the child's immediate safety.
- To guide the Family Service Worker in determining whether or not to leave the child in the home.
- To use as a structured decision-making tool. For example, information collected on the Health and Safety Assessment can be used to document reasonable efforts, aggravated circumstances, completion of the court report, and at important case decision points or when there are major changes in case circumstances.
- To assess the child's health and safety at placement changes.

Information to complete the Health and Safety Assessment will be gathered during the child maltreatment interviews.

Some of the questions that must be answered in the Health and Safety Assessment include the following:

- Caretaker's behavior toward child(ren) is violent or out of control. If yes, explain.
- Caretaker(s) explanation of the injury is unconvincing. If yes, explain.

In the Safety Response, the DCFS Family Service Worker enters information about services and monitoring to be provided to the family and about the use of family resources, neighbors or other individuals in the

community as safety resources. Based on this information, the worker makes a decision about whether the child can safely remain in the home.

The Risk Assessment is designed:

- To identify the factors and circumstances that indicate the child may be at risk of future abuse or neglect.
- To indicate the necessary level of involvement to assure the child's well being.
- As a structured decision-making tool in case planning.

The Risk Assessment asks questions about current and past maltreatment and will be completed on all cases with a child maltreatment determination of "True", to establish the level of risk. Levels of risk are classified as intensive, high, moderate, and low. The higher the score, the higher the risk of future harm. Cases with intensive or high risk levels must be opened. Low and moderate risk cases may be opened. Face-to-face contact with the family is based on the established risk level. The Risk Assessment results are used in completing the Family Strengths and Needs Assessment and to help develop case plan objectives and tasks.

### **Child Abuse Hotline**

A uniform protocol is used for screening and prioritizing all allegations of child maltreatment (exhibit ). Statistics for the last three years are as follows:

	Accepted Reports		Screened Out		Total
1998	20,205	(70%)	8,499	(30%)	28,704
1999	17,125	(59%)	12,094	(41%)	29,219
2000	17,435	(58%)	12,529	(42%)	29,964

A review of screened out reports was conducted earlier this year by a committee, consisting of six members who were not employees of either DCFS or FPD. Members were selected for their knowledge and expertise in child abuse and neglect and their willingness to serve with no compensation from either agency. The time period under review included reports made between July 1, 1999 and June 30, 2000. A random pull representing a statistically significant number of reports was used. The results are included along with a plan to implement recommendations made by the committee.

In April the committee conducted a second review of reports screened out from January 1, 2001, through March 31, 2001. This review will continue quarterly for a period of one year. The April report is not yet not available for inclusion in this document.

2. **Child Maltreatment (Safety Data Elements I & II).** Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports.

3. **Cases Opened for Services (Safety Data Element III).** Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened.

CHRIS was implemented in phases throughout the state beginning in July of 1997 and ending with November of 1997. As indicated in the published Child Maltreatment Report of 1997, there were a number of conversion problems during the year. In general, the substantiated reports and child victims may have been undercounted. The previous legacy systems were three separate information systems: CPS which recorded the child maltreatment referrals; the Client Eligibility System, which recorded the opening of cases and Foster Care and Adoption System which provided more detail about children in placement or finalized for adoption. These systems were not integrated, and therefore the substantiated reports could not be accurately tied to case openings.

Additionally, the child maltreatment information came from the Summary Data Component, and the 1999 data is from the Detailed Case Data Component (DCDC). The NCANDS DCDC goes through a two-phase validation process, but the Summary Data Component for 1997 and 1998 was information pulled from the live CHRIS database reflecting numbers from the current system but not a database warehouse that would capture the data from a point in time.

DCFS policy states that the Family Service Worker will open a protective service case if there is a true report of child maltreatment or if there is a court order for protective services. The only exception would be if the offender did not live in the home, such as maltreatment in by day care staff or residential staff or a teacher in a school setting.

For calendar year 1999, the case management element in the DCDC mapping guide was not correctly mapped. This has been changed and should now accurately reflect all investigations that were connected to an existing case or for which a new case was opened. A draft of the data has been re-submitted to Walter R. McDonald & Associates for their review. The change to the mapping documents was made, however, after the submission of data. It will be included in the final submission and will definitely impact this Child Safety Outcome Measure.

4. **Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV).** Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population.

CHRIS was implemented in phases throughout the state beginning in July of 1997 and ending with November of 1997. As indicated in the published Child Maltreatment Report of 1997, there were a number of conversion problems during the year. In general, the substantiated reports and child victims may have been undercounted. The previous legacy systems were three separate information systems: CPS which recorded the child maltreatment referrals; the Client Eligibility System, which recorded the opening of cases and Foster Care and Adoption System which provided more detail about children in placement or finalized for adoption. These systems were not integrated, and therefore the substantiated reports could not be accurately tied to case openings.

Additionally, the child maltreatment information came from the Summary Data Component, and the 1999 data is from the Detailed Case Data Component (DCDC). The NCANDS DCDC goes through a two-phase validation process, but the Summary Data Component for 1997 and 1998 was information pulled from the live CHRIS database reflecting numbers from the current system but not a database warehouse that would capture the data from a point in time.

The Quarterly Performance Report (QPR) details reasons children enter foster care. A study was conducted on this portion of the QPR using the third quarter of SFY 1997 through SFY 2000. The reasons children have entered foster care fluctuated very little over the past several quarters. Neglect has consistently been the most prevalent reason that children enter foster care (25%) followed by clustering physical abuse, child's behavior and substance abuse (10 – 11%). The only real change has been in physical abuse. In the second quarter of SFY 1998, 18% of children entering care did so because of physical abuse. That percentage has gradually declined. What we see in our state is that there is no real pattern of change in type of abuse throughout this period.

For calendar year 1999, the case management element in the DCDC mapping guide was not correctly mapped. This has been changed and should now accurately reflect all investigations that were connected to an existing case or for which a new case was opened. A draft of the data has been re-submitted to Walter R. McDonald & Associates for their review. The change to the mapping documents was made, however, after the submission of data. It will be included in the final submission and will impact this Child Safety Outcome Measure.

**5. Child Fatalities (Safety Data Element V).** Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues.

Beginning in October 1998, all child deaths as a result of maltreatment are investigated by the Family Protection Division of the Arkansas State Police. The numbers that are available are three child deaths for 1997, five for 1998 and six for 1999.

The Division of Children and Family Services convenes a Child Death Review Committee for the purpose of reviewing DCFS actions and previous involvement when a child has died under one of the following circumstances:

- The child or sibling was a client in a protective service case during the previous twelve months.
- The child or a sibling was a client in an open, out-of-home placement, or supportive services case and the death was not due to natural causes.

- The child or a sibling was a subject of a pending child maltreatment assessment, or of an assessment Within the preceding twelve months.

The Child Death Review Committee will:

- Meet as needed.
- Hear and consider all relevant material related to cases scheduled for review.
- Recommend to the Director appropriate actions as deemed necessary and desirable to protect other children in the home or other corrective actions.

The Child Death Review Committee also has the role of assessing casework practice in the cases reviewed. The committee has identified the need for better training on identifying and interviewing collaterals and has initiated county case reviews for quality assurance. In a recent child death case, the issue of coordination of child maltreatment investigations among bordering states was identified with recommendations to help ensure that no child maltreatment investigation is compromised due to multiple state involvement.

All child deaths involving DCFS clients or child maltreatment reports of child deaths are reported to the DHS IRIS system (Incident Reporting Information System). IRIS allows data to be retained on child deaths for the state and also allows the DHS Director's Office immediate notification of incidents.

6. **Recurrence of Maltreatment (Safety Data Element VI).** Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the State's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment.

DCFS has a 4.5% rate of recurrence of maltreatment, which is better than the 5% allowable standard. DCFS monitors the recurrence of maltreatment in the QPR. During the first quarter of SFY 2001, there were 1,332 reports received in which the findings were determined true. Of these, 102 had a subsequent report that was also found to be true. 68% of those had the same type of abuse and 55% involved the same perpetrator and type abuse. 12% of the reports involved the same type of abuse but by a different perpetrator; and 9% involved an additional type of abuse other than the one reported on the original report. The remaining 21% involved the same perpetrator but with a different type of abuse.

The Family Protection Unit – Child Abuse Hotline policy states that the Hotline Worker will conduct a search for prior reports of child maltreatment.

DCFS addresses repeat maltreatment in the following manner. When a call comes into the Child Abuse Hotline, the intake worker must complete a history check to determine if there has been a previous report. The CHRIS system requires this before the intake worker can close the referral. During the investigation of the Family Service Worker must complete the Health and Safety Assessment. This includes a segment which requests the determination of whether or not the caretaker has previously maltreated a child and the severity of the maltreatment or the caretakers response to the previous incidence. These responses are considered to determine whether child safety may be an immediate concern. Prior to a child returning home, the Family Service Worker will complete the Risk Assessment to ensure that the home is safe.

The Center for the Study of Social Policy conducted a case record review of approximately 1,000 cases for the time period between January 1 and June 30, 1999. In their report of findings, issued April 2000, they found that the Central Registry was queried for prior reports in 95% of the cases.

Attachment 68

7. **Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VI).** Discuss whether or not the State's incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or preadoptive placements.

DCFS has a 0.29% rate, better than the national standard of 0.4%. We have very few reports of child maltreatment in our foster care placements. Furthermore, in reviewing the 13 reports identified in the profile, we determine that there were only six actual true reports of abuse occurring in foster homes. The remainder was reports of residential facilities or school personnel. We are in the process of updating CHRIS so that maltreatment in foster homes will be correctly reflected.

Licensing Standards for Child Welfare Placement Agencies states that "any foster home that does not substantially comply with the standards for approval shall not be approved for placement until compliance is achieved." In addition, the Family Foster Parent Handbook states that if a report of child maltreatment has been determined true, the family foster home may be closed immediately. In all cases found to be true involving sexual abuse, serious physical abuse, or conduct that warrants felony criminal charges, the family foster home will be closed.



Any incident that occurs in a foster care provider facility is reported in the IRIS system.

8. **Other Safety Issues.** Discuss any other issues of concern, not covered above or in the data profiles, that affect the safety outcomes for children and families served by the agency.

DCFS is trying to determine how many of our reports are received due to a family's substance abuse so that we can better plan for services. We know that during the focus group meetings conducted around the state, that this was an issue with our staff. However, the way our system identifies this is not readily available to analyze as the existing classification for substance misuse (the child has consumed mood-altering substances) on the child's part and not the parent's. The other reference would come from the Health and Safety Assessment. There is a concern that this is not an accurate method of determining substance abuse. We are also looking at adding the ability to record the results of parental drug screenings that are court ordered.

## **B. Permanency**

**Outcome P1: Children have permanency and stability in their living situations.**

**Outcome P2: The continuity of family relationships and connections is preserved for children.**

**Based on examination of the foster care data in the two foster care profiles in section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.**

1. **Trends in Permanency Data.** Have there been notable changes in the individual data elements in the two permanency data profiles in section III over the past 3 years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State.

Trend analysis was difficult due to data problems explained below. However, the following was noted and further explored in Sections 2 –10:

- . In FFY' 99 more children entered care than exited.
- . Placement in relative foster homes increased in both point-in-time and first-time entry groups.
- . The percentage of children with the goal of adoption increased
- . The number and percent of cases with a case plan goal increased.
- . Although we know the number of placement settings is inflated, multiple placements is still of concern.

The data for FFY 98 is not totally reliable for a number of reasons, primarily tied to CHRIS development, programming and conversion issues:

- . A COBOL extract program had been written and rewritten by many different programmers until the logic became faulty.
- . When doing data clean-up, if clients were merged or data errors deleted, the discharge transaction date would not be maintained in the database.
- . The data gathered for the AFCARS foster care file was sometimes mapped to the discharge date not the discharge transaction date as required. Due to intensive data clean-up efforts in some of the foster care areas, numbers fluctuated from reporting period to reporting period.
- . Any information that relates to prior years (e.g., number of placement settings) is suspect due to CHRIS implementation and conversion issues.

CHRIS Project staff have re-mapped and re-written the AFCARS COBOL extract program in PL/SQL (Oracle), getting technical assistance from Elsworth and Associates which will allow for extensive quality assurance and drive further data clean-up activities which should positively impact data quality.

2. **Foster Care Population Flow (Point-in-Time Data Element I & Cohort Data Element I).** Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges, and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes.

The data for FFY 98 is not totally reliable for a number of reasons, primarily tied to CHRIS development, programming and conversion issues:

- . A COBOL extract program had been written and rewritten by many different programmers until the logic became faulty.
- . When doing data clean-up, if clients were merged or data errors deleted, the discharge transaction date would not be maintained in the database.
- . The data gathered for the AFCARS foster care file was sometimes mapped to the discharge date not the discharge transaction date as required. Due to intensive data clean-up efforts in some of the foster care areas, data for FFY 99 is much more reliable, but this resulted in numbers fluctuating from reporting period to reporting period.
- . Any information that relates to prior years (e.g., number of placement settings) is suspect due to CHRIS implementation and conversion issues.

The Division made six enhancements to the CHRIS system in 1999 and completed a number of clean up efforts to the data in the system. CHRIS Project staff have re-mapped and re-written the AFCARS COBOL extract program in PL/SQL (Oracle), getting technical assistance from Elsworth and Associates which will allow for extensive quality assurance and drive further data clean-up activities which should positively impact data quality.

In FFY 99 more children entered foster care than exited, resulting in an increase of 330 children in foster care at the end of the year. More children are being freed for adoption but are waiting for adoptive homes or adoption finalization. For reasons given above, comparison to FFY 98 data is not reliable.

**3. Placement Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II).** How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care?

Although the data for FFY' 98 is suspect, as explained above in Sections 1 and 2, we presume that the percentages are correct. There was an increase in the percentage of children in relative foster family home placements. Kinship Care was established by law in Arkansas in 1995. Policy and training reflected this legislation, and Kinship Care placements have steadily increased since that time, although there has been a slight decrease since the implementation in March, 2000 of the ASFA requirement that Kinship Foster Homes meet the same requirements as non-relative foster family homes. The slight increase in the percentage of children in pre-adoptive placements, institutional placements, on runaway and in trial home visits may be attributable to the cleaning up of the information and the reduction of the Not Applicable category that existed in FFY' 98.

The First-Time Entry Cohort Group also reflected the increased use of Relative Foster home placements. The Not Applicable and Missing Placement Information categories were reduced significantly, resulting in increases in pre-adoptive homes, institutions, trial home visits and runaway.

**4. Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V.)** Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the State.

Although the data for FFY' 98 is suspect, as explained above in Sections 1 and 2, we presume that the percentages are correct. There was a marked decrease in the permanency goal of reunification for all children in care, although that figure remained relatively constant for the first-time entry group. The goal of living with relatives stayed constant for all children, but the first-time entry group saw a slight increase.

The largest increase was in the goal of adoption. For all children the increase from FFY'98 to FFY'99 was 17.4 percentage points (ie., from 10.2% to 27.6%). For first time entry children, the increase was 10.9 percentage points (ie., from 2.7% to 13.6%). This increase was partially due to efforts of the field staff to clean up the information and to capture the most current and correct goal of the child. It also reflects increased and sustained efforts to locate adoptive placements for the increasing number of children freed for adoption. This increase can be verified by the increase in the number of adoptions from one year to the next as well. Arkansas baseline was 138 adoptions and in FFY 1999 we placed 251 children for adoption.

As long term foster care slightly decreased as a goal, emancipation increased, significantly for the total population, and only slightly for the first time entry group.

The only other significant, and positive, change was the reduction in the number of cases where no case plan goal was established. Although still high at 12.8 percent, the number was reduced by over 50% from FFY 98 for all children and nearly 50% for the first time entry group.

DCFS knows that the number of placement settings is inflated for a couple of reasons:

- . the way we capture information. Specifically, any time a child is placed in a psychiatric hospital, a respite placement or on a trial home visit and then returns to the foster home where they had been living, that is counted as two moves. We recognize the problem and are making plans to revise the system to more accurately reflect actual moves.
- . another issue with the FFY'98 data is that it may not reflect actual moves that occurred prior to CHRIS implementation. For these reasons, it is difficult to analyze trends between the two years.

DCFS is sensitive to the issue of moving children and know that some types of children move in the system more than others and more than we would want them to. Specifically, teens and children with emotional or behavioral problems tend to move between homes and facilities more often. DCFS is developing relationships with Community Mental Health Centers and other mental health providers to partner together to assess foster children's needs and try to locate placements that would meet those needs. This initiative is still in the early stages but is being actively pursued. In addition, contracts for foster home recruitment are incentive based, where a contractor is paid at a higher rate if they recruit homes for the types of children that DCFS has waiting or anticipates having.

**5. Achievement of Reunification (Point-in-Time Data Element IX).** Discuss whether the State's data regarding achievement of reunification within 12 months from the time of the latest removal from home

conform with the national standards for this indicator. Identify and discuss issues affecting conformity and how the State is addressing the issues.

Arkansas exceeds the national standard for achievement of reunification within 12 months from the time of latest removal with 83.38% children in contrast to the National Standard of 78%.

6. **Achievement of Adoption (Point-in-Time Data Element X).** Discuss whether the State's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues.

Arkansas children exited foster care to a finalized adoption within 24 months from the latest removal at a rate (26%) lower than the National Standard (36%). The adoption numbers in 98 were underreported and during 1999, the Division conducted a number of data clean-up activities. Staff received intensive training in 2000 on ASFA and concurrent planning. Concurrent planning includes working towards the goal of returning the child to the parents while concurrently working on alternative permanent placements. Concurrent planning is initiated when a child first enters the foster care system.. It is mandatory on the Case Plan screens in CHRIS when the goal is reunification.

In addition, DCFS has entered into contracts for adoption preparation, assessment and follow-up services to supplement the work of the Adoption Specialist and to allow them more time to recruit families for waiting children. DCFS is working with the state CASA organization, the Administrative Office of the Courts and faith-based organizations to highlight the need for adoptive families and other volunteers to work with dependent children using the One Church, One Child program.

7. **Termination of Parental Rights (TPR) (Point-in-Time Data Element VI).** Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions.

The number of children in care 15 of the most recent 22 months changed little from 1998 to 1999. The Division produces a monthly report titled *The Permanency Planning Detail Report*, that describes a number of characteristics of foster children that fall in this category. The report is used as a monitoring tool for our Office Of Chief Counsel to insure that court hearings are scheduled, a permanent disposition is reached timely.

The DCFS Quality Assurance Unit produces a semiannual report, Compliance with the Adoption and Safe Families Act of 1997. The most recent report, dated March 16, 2001, includes children in foster care as of October 29, 2000. When information from CHRIS and the Office of Chief Counsel are considered, the following information was obtained. Of the 2, 628 children in foster care, 1,377 had been in foster care for 12 months or more, and 1,194 had been in foster care 15 of the past 22 months. Of the 1,377 children, 1, 105 (80.2%) had permanency hearings within the time frame. Of the 1, 194 children in care 15 of the past 22 months, 610 (51.1%) had petitions for termination of parental rights (TPR) filed by that point in time. 674 (56.3%) of the children showed evidence of a hearing.

The Office of Chief Counsel closely monitors these hearings and is convinced that the majority of the cases that appear to not have required hearings reflect a data entry rather than a performance issue. This conviction has led to special efforts to assure timely data entry. The next ASF report due in June should reflect increased compliance with Permanency Planning Hearings and TPR.

Two specific data problems have been identified in this and previous reports, and although concrete steps have been taken to ameliorate these problems, they continue to plague our attempts to measure compliance with ASFA. These are:

1. Structural problems with the CHRIS screens that are used to document the filing of a TPR petition. The CHRIS screens for "Parental Rights" do not allow documentation of the filing of a TPR petition until TPR has been granted by an appropriate court and a TPR effective date has been set.

Since there may be lags between the date on which a TPR petition is filed, the date on which a TPR hearing is held, and the date on which TPR is granted (if it is at all), CHRIS is not providing an accurate measure of the number of children for whom TPR petitions have been filed (which is the ASFA requirement).

2. Inability to document within CHRIS the existence of certain specific exceptions to the "15 out of 22" requirement. ASFA specifies three specific exceptions to the general requirement that TPR petitions be filed for all children who have been in foster care for 15 of the most recent 22 months. These exceptions are:
  - a. the child is being cared for by a relative
  - b. there is documented in the case plan for the child a "compelling reason" why such a petition would not be "in the best interests of the child"
  - c. the child welfare agency has not made "reasonable efforts" necessary for "the safe return of the child to the child's home".

CHRIS does not accurately reflect when these exceptions are considered. Structural changes to the CHRIS System have been requested to address this problem. These changes are continued coordination between DCFS and OCC should produce more accurate and positive results in the future.

8. **Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV).** Using data element XI on the point-in-time permanency profile, discuss whether the percentage of children in the State who have been in foster care less than 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (cohort data) compared with the total population of children in care (permanency data), identify and discuss those issues.



The Division's 68% is below the national 89% standard. We know this is to some extent an issue of data collection. The National Resource Center on Child Welfare Information Technology confirmed this in their April 2001 site visit to Arkansas. There appear to be at least two issues that impact the validity of the data itself:

- . When a child is on a trial visit home, in respite care or in a hospital and then returns to the foster home where they were previously, this is counted as two moves. If they have a one day respite placement twice a month, it would look as if they have five placements in a month when they only had one.
- . There is some federal guidance that when a child is placed in detention or a psychiatric hospital, they are no longer in foster care. PIQ 94-1 states that if the child originally placed in a foster home goes into a respite, or runs away, a hospital or trial home visit but returns to the original placement this is counted as one placement. In Arkansas, if the Department of Human Services has custody the child is still considered to be in foster care whether they are in detention or not. Therefore, it may appear as a foster care exit in other states' reporting, it appears as different foster care placements in ours.

Discussions have been held with John Hargrove, who has described a 'filtering out process' that could be developed to reduce the number of placements. We will be exploring this and other options to more accurately reflect placements of children in foster care.

Nevertheless, DCFS is sensitive to the need for placement stability and has been looking at multiple placement issues for some time. The Division's Quarterly Performance Reports monitors placements of all children in foster care in two ways:

- . Percentage of children entering foster care who have experienced more than three placements within the past 18 months. In the latest report (October 2000 – December 2000) 17% had more than three placements, down from the previous three quarters which had 19%, 23% and 18%.
- . Number of Placements of Children in Foster Care : Categorizing them into:  
1-3 placements (72%); 4-9 placements (21%) and 10+ placements (7%).

This information is also distorted by the same data collection issues mentioned above and therefore overstates the number of placements children have.

In looking at the issue of multiple placements, DCFS has noted that children who actually move several times are usually teens or children with emotional or behavioral problems. DCFS is working with Community Mental Health Centers and the University of Arkansas for Medical Services who conduct the comprehensive health assessment to assure that foster children receive timely mental health assessments so that special placements needs could be identified and addressed.

DCFS also has contracted with Hornby, Zeller and Associates and the Center for the Study of Social Policy to conduct separate examinations of the issue of multiple placements.

9. **Foster Care Re-Entries (Point-in-Time Data Elements V & XII).** Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State's placement and care responsibility, the issues affecting re-entries, and how the State is addressing the issues.

Of the children who entered care during FFY'99 in Arkansas, 10.57% were re-entering care. The national standard is 6%. The number of first time entries fell from FFY 98's 93.6% to 82.8% in FFY'99. Some of this may be tied to the implementation of CHRIS and lack of historical information that could have inflated the single removal category for FFY'98.

Arkansas has a median length of time to discharge in reunification cases of 1.91 months. We have a median length of stay in foster care of 12.45 compared to the national median of 22 months. Therefore, we may be opting to return them to their family more quickly than the family is ready for or without proper supports, leading to reentry into care.

DCFS has not monitored re-entries in their management reporting but will begin to do so and will examine the issue in more depth.

10. **Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI).** Using **data element VI in the cohort data profile**, discuss how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the State is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the State (cohort data) and the total population of children in care (permanency data), identify and discuss the reasons.

In the Point-in-Time Permanency Profile, the median length of stay in foster care for FFY' 99 was 12.45 months, which was virtually the same as in FFY'98 (12.22 months). For the First-Time Entry Cohort Group, the median for FFY'99 was 5.65 months, a decrease from FFY'98 (6.41 months). The Point-in-Time Permanency Profile contains children who have been in care for some time and for whom reunification and other permanency options have not been realized. It would include the 19% of the foster care population that are 16 or older. The latest national median is 21.2 months, so Arkansas has a median length of stay much shorter than the national median.

Considering this with the re-entry data, it would appear that Arkansas returns children home much quicker than most states. To make these returns successful (i.e., without additional reports of abuse or neglect or additional re-entry into foster care), Arkansas may need to increase supports to families when children are returned.

Arkansas has not included data about foster care entries and re-entries in management reports but plans to in the future and to analyze the issue in greater detail.

11. **Other Permanency Issues.** Discuss any other issues of concern, not covered above or in the data, that

affect the permanency outcomes for children and families served by the agency.

At least 13% of the children in foster care are placed due to their behavior (e.g., emotional or behavioral problems, truancy, and sexual offenses). These children present special challenges in terms of permanency and coordination of services between agencies. DCFS is working with the Division of Mental Health, the Community Mental Health Centers and other mental health providers to develop a system of mental health services for children in foster care. As that system is developed, an additional challenge will also be to maintain that system as the child returns to their family or to another permanent living arrangement.

Another issue affecting permanency is how to achieve and maintain reunification or other permanency options for children who enter care because of parental substance abuse.

The Division is looking at the characteristics of children in foster care, the reasons children are placed and reasons for deciding the types of placement for a child.

### **C. Child and Family Well-Being**

**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**

**Outcome WB2: Children receive appropriate services to meet their educational needs.**

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs.**

**Based on any data the agency has available, please respond to the following questions.**

- 1. Frequency of Contact Between Caseworkers and Children and their Families.** Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.

DCFS policy requires weekly visits between the Family Service Worker and the family receiving in-home services, the family with a child in foster care and with the foster child. Policy does allow for waivers to be approved by the Worker's Supervisor when the family no longer needs the weekly contact. The waiver cannot be granted for high risk cases. This policy is in compliance with the Angela R. Settlement Agreement requirements for visitation and contact and is more stringent than the visitation requirements of most other states.

The Division monitors the frequency of contacts in the monthly Compliance Outcome Report (COR) and in the Quarterly Performance Report (QPR). The COR for March 2001 indicate that 71% of protective services cases have a waiver of weekly visitation. Of the non-waivered cases, 22% had weekly visits, 16% had 3 visits in the month, 13% had two visits in the month, 13% had one visit in the month and 35% reflected no visits in the month. The QPR for October 2000 – December 2000 indicated that 28% of the non-waivered cases had a weekly visit, 22% had an average of three visits every month, 15% had two visits every month, 14% had one visit a month and 21% had no visits.

The primary factors affecting the Family Service Worker (FSW) contacts with the family and/or child are caseloads and worker turnover. Although DCFS has sufficient positions to maintain their required 1 to 15 caseloads, FSW turnover (estimated to be 38% per year) results in higher caseloads for workers remaining (ie., until the position is advertised and filled and the new worker completes training). DCFS has undertaken a Workload Analysis to determine the feasibility of the 1 to 15 caseload ratio in consideration of policy requirements and other demands on the FSW's time. In addition, DCFS has developed a limited number (10) of specialized Transition Workers that will be utilized, effective July 1, 2001, when an FSW resigns. The Transition Worker will review the worker's caseload with them prior to their departure, will prioritize work to be done to maintain services to the families, will be introduced to the families by the departing worker and offer continuity in the services until the new worker is hired and trained. This should positively impact visitation and other requirements of service delivery.

- 2. Educational Status of Children.** Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?

The Comprehensive Health Assessment conducted by the University of Arkansas for Medical Sciences (UAMS) includes questions about a child's educational status. This includes random monitoring of followup on recommendations made.

Education is included as part of the assessment of the child's needs in their placement plan. A copy of the child's education records is attached to the case plan. CHRIS captures the following educational services on the Education screen: Name, address and phone number of school; Current grade level, Grade last completed, Functional Grade Level, Educational Status, Education Placement, Date of Last IEP, School Performance, Strengths and Needs.

3. **Health Care for Children.** Examine any data the State has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), to children in its care and placement responsibility. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

DCFS policy states that "The Division of Children and Family Services shall ensure that all necessary medical services are provided to children receiving Out-of-Home Placement Services. Foster parents will play an integral role in meeting the child's health needs."

Policy also provides that an initial health screening is held within 24 or 72 hours of a child entering care, depending on the reason for entry and whether the child is ill when they entered care. If the initial screening indicates that treatment or further evaluation is needed, DCFS shall ensure that such treatment or evaluation is promptly provided.

A Comprehensive Health Assessment is completed on every foster child within 60 days of entry into foster care. A Medical Passport is completed for each child in an out-of-home placement. The Medical Passport is a brief, readable, and current summary of the child's health history and current health status for use by present and future caretakers of the child.

The Division reports the percent of compliance with completing the initial health screens and the comprehensive health screens in the monthly Compliance Outcome Report (COR) and in the Quarterly Performance Report. 90% of foster children received their required screening in a timely manner in March 2001. 95% received their comprehensive exam in a timely manner.

There is an Initial Screening Tickler that is computer generated from the child's removal date to notify the caseworker to complete the Initial Health Screening (includes the EPSDT) within 24 hours or 72 hours. Also, a Comprehensive Health Assessment computer generated tickler to notify the caseworker to have child thoroughly examined within 60 days of entering care. The following medical screens are in CHRIS to document the medical data on the child: Current Medical/Medical History Information, Medications, Immunizations, Medical Visits and Medical Coverage/Insurance.

4. **Mental Health Care for Children.** Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Mental Health is included in the Comprehensive Health Examination provided to all foster children by UAMS. Reports from UAMS indicate that 67% of children examined indicate a need for mental health services. When adjusted to be age appropriate, this figure would be closer to 90%.

Arkansas has a system of Community Mental Health Centers and other mental health providers that serve foster children. In 2000, the Department of Human Services entered into a contract for managed mental health care, which included services to all foster children. The contract was short lived, lasting only three months. After the managed care contract was cancelled, DCFS and the Division of Mental Health (DMH) entered into agreements with Community Mental Health Centers to serve foster children.

The Division is currently involved in two initiatives in the area of mental health for foster children:

- . A Pulaski County Mental Health Collaborative comprised of DCFS, DMH, local mental health centers and other mental health providers is developing a system of services in Pulaski County;
- . A statewide Mental Health Collaborative has been formed to develop a plan for statewide mental health services for foster children. This collaborative includes several DHS division (ie., DCFS, DMH, DDS Medical Services and DYS), legislators, a juvenile judge, a representative from the Department of Education and from the Mental Health Council of Arkansas and several mental health providers.

In addition, UAMS is providing the Division a quarterly report on initial care data for children which includes information about foster children children with substance use history, previous psychological or medical diagnosis, and children on psychotropic medications.

The following medical screens are in CHRIS to capture the psychological information on each child:  
Psychological Functioning and Psychological Evaluations

5. **Other Well-Being Issues.** Discuss any other issues of concern, not covered above or in the data, that impact on the well-being outcomes for children and families served by the agency.

DCFS has involved the National Resource Center for Youth Development in assisting us to examine and improve our Independent Living program. We are also looking at young teen mothers placed in foster care and how they care for their child.

## Section V - State Assessment Of Strengths And Needs

**Based on examination of the data in section III and the narrative responses in sections II & IV, the State review team should respond to the following questions.**

1. What specific strengths of the agency's programs has the team identified?

The primary strengths of the agency are its workforce and its partners in serving children and their families.

From the front line workers serving families to the supervisors, Area Managers and Central Office Staff are overwhelming dedicated to serving children and their families.

We acknowledge that we cannot serve children and their families by ourselves and value the partners we have in delivering services: the Juvenile Court Judges and staff; Family Protection Division of the Arkansas State Police; UAMS; our University Partners, including the University of Arkansas at Little Rock, University of Arkansas at Fayetteville, Arkansas State University, Arkansas Tech University, Harding University, Philander Smith College, Southern Arkansas University, University of Arkansas at Monticello, and the University of Arkansas at Pine Bluff; the other DHS divisions, including the Divisions of Mental Health, County Operations, Youth Services, Developmental Disabilities, and Office of Chief Counsel; the Departments of Health, Education and Higher Education; the Administrative Office of the Courts, CASA's and Attorney ad Litem; the Mental Health Council of Arkansas and all of the Community Mental Health Centers and other providers; our residential providers and other services providers; legislators and Legislative Council staff. Although all of these partners do not always agree with DCFS, they consistently join with us to improve services to children and their families.

The Division programs have strengths as well. We are keeping children safe while serving the child and family as noted in the Recurrence of Maltreatment outcomes. As reported in the SFY 2000 Annual Report, the percentage of families with true allegations of child maltreatment after a previous true report was the lowest in the past five annual reports. The Division continued to ensure that children in foster homes are safe from instances of abuse and neglect. Health care services for children in foster care are one of the Division's strengths. Adoption services have increased as more children were legally freed for adoption

2. What specific needs has the team identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.

The issue of multiple placements and reasons for those placements need to be reviewed; what are the problems, ramifications and how can these placements be reduced. The issue of re-entry into foster care also should be examined – are we returning children too quickly or not providing proper supports to families once children are returned? The need for increased coordination of services and options to accomplish that coordination also bears further review.

3. Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?

We have determined that Pulaski County, our largest metropolitan area, will provide a number of strengths and concerns for the issues noted above.

DCFS made two preliminary recommendations for counties to be included in the on-site review:

. Jefferson County has made improvements in the service delivery that includes both rural and urban areas located in Southeast Arkansas. Caseloads are representatives of the kinds of cases from that section of the state in terms of family structure, ethnicity, family size and extended family relationships. Jefferson County staff work with DCFS staff from other counties in the Delta and are assigned as secondary worker in many of their cases. Although Focus Groups were not done for each county, and therefore the results reflect input for the entire Area, Area VII input reflected some good practices (e.g., foster parents stated that most foster children have case plans and these case plans address the needs of the child), it also reflected resource needs (e.g., need for transportation, placement resources, mental health services) and communication issues.

. White County was selected because it is a rural county in Northeast Arkansas with a varied ethnic/racial population. It will reflect the casework practices of the northern part of Arkansas. As a smaller county, it will reflect the casework practices and challenges of smaller counties. Although Focus Groups were not done for each county, and therefore the results reflect input for the whole Area, Area IX input reflected some good practices (e.g., foster children knowing their case plans), it also reflected resource needs (e.g., shortage of foster and therapeutic families, need for ILP training, need for IFS, transportation).

In our recent conference call with our federal partners, they expressed concerns about the appropriateness of the selection of the two outlying counties, primarily due to their proximity to Central Arkansas. Those concerns were discussed with members of the Statewide Assessment Team at our meeting on May 8, 2001. The members suggested addressing the federal concern by consideration of St. Francis County as an alternative county. There was also discussion of Benton County in Northwest Arkansas, but DCFS management does recommend inclusion of Benton County in this review.

- St. Francis County, a county in Eastern Arkansas, is farther from Little Rock. It may be perceived as a more clear representative of the Delta region
- 31% of families have incomes below the poverty level
- It represents counties with limited resources [but so do Jefferson and White]
- It represents the rural community [but so do Jefferson and White]
- It is a small county and would allow for exploration of resource challenges in small counties [as does White]

Although DCFS stands by our original county recommendations, we stand ready to discuss this possible change with our federal partners. Attachment 69

4. Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.



The process has provided the Division with an opportunity to get input from our Central Office and field staff and key stakeholders including staff from other Divisions in the Department, the Department of Education, a health care provider, a Juvenile Judge, a placement provider, our university partnership, a foster parent, a consumer, child advocacy agency, and the Administrative Office of the Courts. This has added additional perspective to our Statewide Assessment. It has also given us a pool of persons for a smaller team to assist in planning for services and programs in our Division. The entire Statewide Assessment Team has been very active and has given extremely helpful guidance including the process. The process including the Statewide Assessment Team and focus groups has been extremely informative

5. List the names and affiliations of the individuals who participated in the development of the statewide assessment (please specify their role).

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## **FOCUS GROUP INPUT**

The Division of Children and Family Services (DCFS) in conjunction with the Administration for Children and Families is conducting a review of our services to Arkansas' children and their families. Part of this review included hearing from staff, providers, stakeholders, foster parents, adoptive parents and consumers of our services. Public service announcements were made in local papers, NPR and placed on the DHS website and over 20, 000 invitation were mailed out. Focus Groups were held across the state to gather this input. The Division conducted 58 focus groups located around the state. Attachment 1 is a listing of all of the focus groups conducted.

The goal of our efforts to assess the division was to gather information from the community and clients that we serve to provide us insights about the perceptions, opinions and feelings toward these services. Of particular interest and essential to conducting focus groups, is the opportunity to give people a voice. We conducted these focus groups at locations other than the "DHS County Office." The locations were churches, community centers, college classrooms, a chamber of commerce, etc. The focus groups were set up to accommodate families' time frames. The basic schedule was as follows, with some modification by each area: DHS Staff - 10 a.m. - 12 p.m., Stakeholders/Providers – 3:30 pm - 5:30, Foster Parents/Adoptive Parents - 6:00 p.m. - 8:00 p.m., Foster Youth – 6:00 p.m. - 8:00 p.m., Parents/Consumers - 6:00 p.m. - 8:00 p.m.

## FOCUS GROUP

Agency	Type	Date	Location	Number of Participants
Area I - DCFS	Staff	03/07/2001	Springdale, Jones Center	18
	Provider/Stakeholders			7
	Foster/Adoptive Parents			10
	Consumers			2
	Foster Youth			5
Area II - DCFS	Staff	03/19/2001	Pleasant Valley Church of Christ - Van Buren	11
	Provider/Stakeholders			5
	Foster/Adoptive Parents			5
	Consumers			3
	Foster Youth			6
Area III - DCFS	Staff	03/01/2001	Arkadelphia	18
	Provider/Stakeholders			5
	Foster/Adoptive Parents			5
	Consumers			2
	Foster Youth			2
Area III - DCFS	Foster/Adoptive Parents	03/20/3001	Chamber of Commerce, Hot Springs	1
	Consumers			1 (parents of mtr)
	Foster Youth			6
Area IV - DCFS	Staff	03/06/2001	SAU - Magnolia	41
	Provider/Stakeholders			26
	Foster/Adoptive Parents			16
	Consumers			0
	Foster Youth			15
Area IV - Foster Parent Support Group	Foster Parents	03/12/2001	Hope High School	12

<b>Agency</b>	<b>Type</b>	<b>Date</b>	<b>Location</b>	<b>Number of Participants</b>
Area V - DCFS	Staff	03/06/2001	Arkansas Tech - Russellville	36
	Provider/Stakeholders			14
	Foster/Adoptive Parents			2
	Consumers			1
	Foster Youth			13
Area VI – DCFS	Staff	03/15/2001	MidSOUTH Academy	28
	Provider/Stakeholders			6
	Foster/Adoptive Parents			11
	Consumers			0
	Foster Youth			7
Area VII - DCFS	Staff	03/20/2001	University of Arkansas at Monticello	18
	Provider/Stakeholders			6
	Foster/Adoptive Parents			11
	Consumers			0
	Foster Youth			7
Area VIII - DCFS	Staff	03/12/2001	Ist Presbyterian Church - Jonesboro	29
	Provider/Stakeholders			17
	Foster/Adoptive Parents			10
	Consumers			
	Foster Youth			5

<b>Agency</b>	<b>Type</b>	<b>Date</b>	<b>Location</b>	<b>Number of Participants</b>
Area IX - DCFS	Staff	03/12/2001	Titus Academic Center - Philander Smith College in Little Rock	?
	Provider/Stakeholders			
	Foster/Adoptive Parents			
	Consumers			
	Foster Youth			3
Area IX - DCFS	Provider/Stakeholders	03/15/2001	Harding University - Searcy	
	Foster/Adoptive Parents			
	Consumers			2
	Foster Youth			
Area X - DCFS	Staff	03/08/2001	Monticello Training Academy	18
	Provider/Stakeholders			13
	Foster/Adoptive Parents			17
	Consumers			0
	Foster Youth			23
Central Office - DCFS	Program Staff	03/19/2001	Little Rock	9
Child and Adolescent Service System Program - Coordinators	Provider/Stakeholders	03/02/2001	Little Rock	6
Child Welfare Agency Review Board	Provider/Stakeholders	02/27/2001	Mainstreet Mall	7
Juvenile Judges	Judges	03/23/2001	Little Rock	6
Management Staff	Area Managers	03/21/2001	Little Rock	12
Office of Chief Counsel Staff	Agency Attorneys		Little Rock	18
Pulaski County Strategic Planning Group	Provider/Stakeholders	03/14/2001	Little Rock Public Library	12
Therapeutic Foster Care Providers	Provider/Stakeholders	03/02/2001	Little Rock - THINC	7